

Student E-mail Request Form

Teacher: _____ School: _____ Grade Level: _____

I request e-mail accounts for the students that I have listed (see below or attached) to be used for specific instructional purposes (list below). Students who are under my supervision will be closely monitored while they are accessing e-mail. I have read the Adair County School District's *Electronic Communications Network Acceptable Use Policy for E-mail*; understand that misuse of student e-mail may result in the loss of e-mail access and/or other disciplinary action; and have explained this to my students.

1. Please explain how student e-mail will be used instructionally in your classroom.

2. Specify the timeframe needed for student e-mail use.

3. List below or attach a listing of all students who need e-mail access for instructional purposes.

Please return completed form to the Director of Technology for approval. When approved, student e-mail accounts will be created and teachers will be notified.

Teacher Signature

Date

Director of Technology Signature

Date