



Student Request for Information Technology Services

Student Information

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_  
Last First M.I.

Attending School:  Sage  VMS  VHS  Summer School

Grade Level: 06 07 08 09 10 11 12

Student Access Request

\*\*\* All four section below must be completed \*\*\*

- **Grades 06-12**  
I request that \_\_\_\_\_ be given access to the district information technology system.  
*Student Name*
- **Internet Service**  
This will only be issued to a user by parental consent. Please mark one of the following boxes.  
 YES, I would like Internet use.  NO, I would not like Internet use.
- **Parental Access Student System**  
By selecting 'Yes', a pin number will be issued that will give you secure access to your student's current academic information through the Vallivue web site. By selecting 'No', your student's information will not be made available.  
 YES, I would like to access my student's academic information through PASS.  
 NO, I would not like to access my student's academic information through PASS.
- **Student Media Use**  
This will allow a staff/teacher to use your child's name alongside photographs, video, and other digital documents created by your child on the Vallivue School District Teacher/Staff member web-site. This is an educational web site used to show students projects and work and provides other important information to the public at large.  
 YES, I would allow use of my child's name and/or digital media on the Vallivue web-site.  
 NO, I would not allow use of my child's name and/or digital media on the Vallivue web-site.

Confirmation of Request

I certify that I have read, have had read to me, and/or have had explained to me, and that I understand the current Vallivue School District 139 Information Technology Acceptable Use and Internet Safety Policy (603-12)

By signing below, I will comply with all of the terms and conditions and understand that violation of any part of this agreement will result in the loss of access to the system and possible disciplinary action.

Printed Student Name

Student Signature

Printed Parent/Guardian Name

Parent/Guardian Signature

Office Use Only:

ID#: \_\_\_\_\_ Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student  Restrict  PIN: \_\_\_\_\_

Office Use Only:

ID#: \_\_\_\_\_ Entry Date: \_\_\_/\_\_\_/\_\_\_ Student  Restrict  PIN: \_\_\_\_\_