Network Access Request for connection of student owned technology

School Name:

Student Name:

Grade:

Device:

  Model: _____________________________

Ethernet (wired) MAC Address: _________________________

Wireless MAC Address (where applicable): _________________________

Operating System:

  Windows ___

  Apple OS ___

  Linux ___

  Other (iPod, iTouch, etc) ___

Signature on this form confirms the following:

  • Student/Parent will ensure device connecting is running appropriate virus management software.

  • Requestor will not use the School/Board’s network for peer to peer and/or file sharing services, such as but not limited to: Kazaa, Bittorn, Napster, Gnutella

  • Requestor has read, understands and will comply to the:
      o The School’s Computer / Internet Acceptable Use Policy
      o The York Region District Schools Board’s Appropriate Use of Technology Policy #194 (Located at www.markville.ss.yrdsb.edu.on.ca)

Student Signature: _____________________________

Parent Signature: _____________________________

Home Room Teacher Signature: _____________________________

Secondary School students need to provide completed form to their School ’s Technology Support Technician

Elementary Students need to provide the completed form to their School’s