

Parents and Students,

Please read the HSPVA Art Department Technology Lab Regulations and HISD Acceptable Use Policy.

Upon completion, please sign this contract and return it to The HSPVA Art Department.

I have read the attached *HISD Acceptable Use Policy and HSPVA Visual Arts Department Technology Lab Regulations*. I understand what is expected of me when using technology equipment in The HSPVA Visual Arts Department and I agree to follow the terms placed before me.

Printed Student Name: _____

Student Signature: _____

Date: _____

Printed Parent Name(s): _____

Parent Signatures (s): _____

Date: _____