



MIDDLETOWN CITY SCHOOLS
ONE DONHAM PLAZA, 4TH FLOOR
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www.middletowncityschools.com

COMPUTER NETWORK AGREEMENT FORM

I have read and I understand this computer policy and its guidelines and regulations and agree to abide by all of the rules and standards for acceptable use stated therein. I further state that all information provided is truthful and accurate.

Full time Part time Substitute

Name _____

School _____

Position _____

Home Address _____

City, State, Zip _____

I do not want an e-mail account

Signature _____ Date _____