

Student Name \_\_\_\_\_ Class \_\_\_\_\_

***Saint Raphael Catholic School  
Acceptable Use Policy***

If you wish to ***allow*** or ***deny*** your child's access to the internet, please check the appropriate box, sign and date this form and return to the school office. Students will not be permitted to use the internet unless this form has been returned.

- Please ***allow*** my child \_\_\_\_\_  
access to the Internet at Saint Raphael Catholic School.
  
- Please ***do not allow*** my child \_\_\_\_\_  
access to the Internet at Saint Raphael Catholic School.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_