

Lakeview Community Schools

ACCEPTABLE USE OF COMPUTERS AND NETWORKS

ADMINISTRATORS, FACULTY AND STAFF AGREEMENT

In order to make sure that all members of **Lakeview Community School District** understand and agree to these rules of conduct for use of the e-mail and Internet systems of the school district, the **Lakeview Community School District** asks that you, as an administrator, faculty member, or staff member user, sign the following statement:

I have received a copy of, and have read, the Internet Safety and Acceptable Use Policy adopted by the **Lakeview Community School District**, and I understand and will abide by those district guidelines and conditions for the use of the facilities of **Lakeview Community School District** and access to the Internet. I further understand that any violation of the district guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked. School disciplinary action and/or appropriate legal action will be taken.

I agree not to hold the **Lakeview Community School District**, any of its employees, or any institution providing network access to **Lakeview Community Schools** responsible for the performance of the system or the content of any material accessed through it.

Employee's Name: _____

Employee's Signature: _____

Date: _____

This form will be retained on file by authorized
faculty designee for duration of applicable
computer/network/Internet use.

Lakeview Community Schools

Statement of Confidentiality

As an employee of the Lakeview Community School District, I the undersigned, recognize that any information and documents I review in the course of meeting my job requirements are to remain in the strictest confidence. **NO** information may be released or discussed except as necessary for fulfillment of my job responsibilities. I also understand that the release of information not routinely granted must be directly approved by my supervisor. I am aware that any non-approved release of confidential information will be reported directly to my supervisor.

Employee Signature

Date

**RECEIPT OF 2021-2022 TEACHER HANDBOOK
OF LAKEVIEW COMMUNITY SCHOOLS**

This signed receipt acknowledges receipt of the 2020-2021 Teacher Handbook of Lakeview Community Schools. This receipt acknowledges that it is understood that I am to read and be familiar with the handbook, that I understand the handbook contains a disclaimer of contract and that I understand that the handbook includes the District's policies of non-discrimination and equity, and that specific complaint and grievance procedures exist in the handbook which should be used for responding to harassment or discrimination.

Date: _____

Teacher's Signature

Return to:

Dr. Aaron Plas, Superintendent
Lakeview Community Schools
3744 83rd Street
Columbus, NE 68601
402-564-8518
aplas@lakeview.esu7.org

LAKEVIEW COMMUNITY SCHOOLS

2021-2022 School Year

All staff desiring to park their vehicle on school property should register all vehicles you may drive to school.

Please Register Your License Plate #s for the Staff Parking Lot

Employee Name: _____

License Plate # _____

License Plate # _____

License Plate # _____