



# Sullivan County Board of Cooperative Educational Services

## Distance Learning Network

6 Wierk Avenue Liberty, NY 12754-2116

Telephone (845) 295-4000 Fax (845) 295-3407 Email [distancelearning@scboces.org](mailto:distancelearning@scboces.org)



### Student Agreement Form 2007-2008

The Distance Learning program provides opportunities for students to take courses that might otherwise not be available to them and to experience the latest in educational technology and instructional techniques. However, the program can only function with the cooperation and support of the students. We are therefore asking students enrolled in Distance Learning courses, and their parents or guardians, to enter into an agreement whereby students pledge to make every effort to behave in a manner consistent with optimum effectiveness of the program.

Please read the information below carefully and sign in the space provided to indicate your understanding of the guidelines and your willingness to abide by them.

1. Students are expected to follow all school and teacher rules as well as those specifically designed for the Distance Learning program.
2. Students are expected not to handle equipment unless specifically authorized.
3. Students are expected to sit within camera range at all times.
4. Students may be videotaped as part of classroom instruction or assessment.
5. As with any class, students are responsible for making up work missed in classes they failed to attend. If this involves borrowing a videotape, it must be returned.
6. Students agree to observe all copyright laws and regulations when using Distance Learning equipment or materials; this includes videotapes.

Where rules are not observed, students are subject to local procedures administered by the teacher or site administrator. I understand the rules outlined above and agree to adhere to them.

I, \_\_\_\_\_ (Student's Name) understand the special significance of the Distance Learning Environment.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Instructor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(District)

\_\_\_\_\_  
(Course)

Please fax **completed** form to 845-295-3407 or email a copy of **completed** form to [distancelearning@scboces.org](mailto:distancelearning@scboces.org).

*If you have any questions concerning the use of the Distance Learning Network, please contact Elizabeth Huggler, Director, Distance Learning at 845-295-4051.*