Date: ______________________

To: ____________________________, Student Name & Number

From: ____________________________________________, West High Administrator
__________________________________________, Systems Administrator
__________________________________________, Teacher

Guardian/Parent Contact: ____________________________  ________  ________

Name  Date  Time

Subject: AUP Violation

This memo is to inform you that you are in violation of the West High School Internet Acceptable Use Policy (AUP) Agreement in the following manner:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

As a result of your violation, you will receive the following consequence according to the severity and level of your violation:

☐ Level I - Warning - Classroom Discipline (ex.: non-school related activities, off task)

☐ Level II – Internet disabled. Parent notification if time off will jeopardize a grade. (ex.: sharing passwords, chatting, playing games or repeat “Level I AUP Violation”). Send form to Assistant Principal to handle.
   ○ Temporary privilege removal, 2 weeks or more
   ○ Student is required to study and pass AUP test

☐ Level III – Account disabled, Parent notification (ex.: computer vandalism, hacking, pornography, creating viruses, downloading files or repeat “Level II AUP Violation”). Send form to Assistant Principal to handle.
   ○ Suspension (optional)
   ○ Permanent privilege removal
   ○ Possible criminal charges and consequences

We will be monitoring your computer use throughout the school via a remote view tool on the system network. Please assist us by following our guidelines and reviewing your AUP agreement (available on the SLCSD website (http://www.slc.k12.ut.us/policies/) and select the AUP for Students).

_________________________  ________________
Student Signature  Date

_________________________  ________________
Parent Signature  Date

_________________________  ________________
Teacher Signature  Date

Copy to:
☐ Student
☐ Teacher
☐ Administrator
☐ Return with parent signature to Teacher

Discipline Referral Forms should be submitted to the appropriate Assistant Principal listed below (based on the first letter of the student’s last name):

☐ Mary Margaret Williams, Rm. 208, ext. 257  A thru D
☐ Ken DeVries, Rm. 316, ext. 360  E thru K
☐ Rick Jaramillo, Rm. 316, ext. 363  L thru Q
☐ Gene Bonella, Rm. 316, ext. 319  R thru Z