



Muskegon Area ISD Blogs Application

Name _____

School _____ Phone _____

District _____ Position _____

Intended Audience _____

I have read and signed the MAISD Blogs User Agreement _____

Initials

Preferred start date (must be at least 2 weeks after application is sent) _____

Educator Signature _____

Date

Educator Email _____

Principal Signature _____

Date

Please note: All accounts inactive for a period of 6 months or more will be deleted.

You will receive initial account information, including a passcode, in an email sent to the address you specify above. You will be able to login to the blog using the computer generated password and change it to something more easily remembered.



Muskegon Area ISD Blogs User Agreement

The goal of participation with the MAISD Blogs service is to assist all educators, students, and parents in the collaboration and exchange of information for educational purposes.

The intent of this user agreement is to comply with the Muskegon Area ISD Acceptable Use Policy and Agreement and the stated purposes of any other networks used. This acceptable use applies to all users of MAISD Blogs, both on-site and remote connections by users.

1. I understand that I must have signed permission from my administrator to participate in MAISD Blogs use.
2. I understand that I may not post the work (text, images, audio, video) of others in my blog without their permission and that their work must be cited in the blog.
3. I understand that the use of MAISD Blogs is for **educational purposes only**.
4. I understand that the Muskegon Area ISD reserves the right to limit the space on the server pertaining to MAISD Blogs use.
5. Users who violate the policies of the MAISD Blogs User Agreement will have their account privileges discontinued.
6. The rights and responsibilities listed above are supplemental to local district Acceptable Use Policies.
7. I have read and agree to adhere to the MAISD Blogs User Agreement of the Muskegon Area ISD.
8. I understand that blogs not used for 6 months or more risk deletion.

School District _____

Printed Name _____

Signature

Date