## Personal Wireless Device Registration Form Use this form to register a personal wireless device to access the Girard Schools Wireless Network.

		□ Staff	□ Studer
First Name	Middle Name	Last Name	
Home Phone	Cell Phone		
Email Address			
Device			
Model #		Serial #	
Ethernet ID/Media Access	Control (MAC) Address		
Tablet/ iPad Specific Informa	tion:		
Device Name (assigned at setup	3)	WiFi Address:	
☐ I agree to use the netwo	rk responsibly.		
☐ I have read and agree to	the Girard USD 248 Comput	er/Network Appropriate Use policies.	
The activities listed below a	are not permitted:		
<ul> <li>Harassing, insulting or at</li> <li>Damaging or modifying of</li> <li>Violating copyright laws.</li> <li>Using others' passwords.</li> <li>Trespassing in others' for</li> <li>Intentionally wasting lim</li> </ul>	ctacking others.  computers, computer system  defined.  lders, work or files.		
I agree to comply with the s	statements & expectations lis	ted above.	
Applicant Signature		Date	
Administrator Signature		Date	
Tech Office Use:			
SSID: ☐ Staff ☐ Stu	ident 🗆 Guest		
Note			