

# CABELL MIDLAND HIGH SCHOOL

## STUDENT EMAIL APPLICATION

The use of an email account as part of an educational program is a privilege, not a right. Inappropriate use could result in disciplinary action.

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### PARENT SECTION:

Dear Parent or Guardian,

The West Virginia Department of Education is now providing all students in the k-12 education system an email account. Before a student account can be activated, we must receive permission from either a parent or guardian.

Student email addresses will use the following format: for example, Nancy Butler, [nbutler@stu.k12.wv.us](mailto:nbutler@stu.k12.wv.us). Each student account will come with a default password assigned by the WVDE. Instructions on how to change passwords can be found in the Office 365 Setup and Basics training guide. The training guide is located on the Cabell Midland High School website at [http://www.cabellcountyschools.com/cabellmidlandhighschool\\_home.aspx](http://www.cabellcountyschools.com/cabellmidlandhighschool_home.aspx) under Students & Families, then Student's computer & email forms.

The student email account is a regular email account. As a result, a student can receive spam or any other type of unrequested or unwanted emails as with any typical email account. In addition, each student email account includes the ability to download and install Microsoft Office 2013 on up to five different computers. Instructions are provided in the Office 365 Setup and Basics training guide.

By signing below, I give my permission for my child \_\_\_\_\_ to be assigned an activated k12 email account. (Student's Name, Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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### STUDENT SECTION:

Student's Name: \_\_\_\_\_  
(Please Print)                      First                      Middle                      Last

**WVEIS 9 DIGIT Student ID#** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

(Check Here) \_\_\_\_\_ I have downloaded and read the Office 365 Setup & Basics Training handout guide from the Cabell Midland website.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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**Incomplete forms will not be processed. Return completed forms to the CMHS Sysop**

### TEACHER SECTION:

\_\_\_\_\_  
Home Room Teacher's Name (Please Print)

\_\_\_\_\_  
Date

