
Last Name, First Name

Expected Graduation Date

**Charlotte Public Schools
Charlottenet
Student Account**

Member Information

Date: _____

Name (full name - no aliases) _____
FIRST MIDDLE LAST

Street Address _____

City _____, MI Zip _____ Birth Date ____/____/____

Phone Numbers (Home) _____

Mother's maiden name (for security reasons) _____

You are a student at which school or site? _____

Please read the following VERY carefully and follow the instructions EXACTLY or your application cannot be processed!

Your Account will be identified by your login name. **The first six characters of your last name followed by your first name initial and grad year.** If your last name is less than 6 digits, then your login name will just be your last name followed by your first initial. You must use all lower case letters. In the event of a duplicate login name request, middle initials will be added as the seventh digit.

Example: Abraham Lincoln would graduate in 2025 so his username would be **lincola25**

Applications will be processed upon receipt. Please allow 3 working days after we receive this Application for your account to be established. You can tell if it has been established when your login name and password are accepted at the login prompt. Return completed Membership Application and Member Responsibility Declaration to:

**Charlotte Technology Department
1068 Carlisle Hwy
Charlotte, MI 48813
phone: 517-541-5750
fax: 517-541-5755**

PASSWORD:

Your password to access Charlotte Public Schools network should be known to you and no one else. You are responsible for all activity related to this login account and your password is your protection. You must provide a password on this application. Should you lose or forget your password, you will need to contact the System Administrator to request assistance. If you feel that someone else has learned your password, change it immediately and notify the System Administrator. **Allowing another person to use your password is strictly forbidden and may result in cancellation of your account.**

GUIDELINES:

The password must be no less than 8 characters and no more than 10 characters. Use a combination of letters and numbers. No spaces. Passwords must contain at least one number.

1. Don't use your CharlotteNet ID, name, family names, initials, your department or office mate's name, your hobbies or pets' names.
3. Avoid the use of sports or other activities in which you participate.
4. Make it something you can remember. Don't write it down!
5. Make it something you can type easily and quickly.
6. Avoid the use of nouns.
7. Don't use dates such as birthdays, anniversaries, etc.
8. Use a combination of letters and numbers. No spaces.
9. Upper and lower case letters may be used.
10. Your password must be entered **exactly**, including the correct upper and lower case letters.
11. Carefully distinguish uppercase from lowercase, I's from 1's (ones) and O's from 0's (zeros)

(Please circle UPPERCASE letters and underline numbers)

Request for password: _____

(REMINDER: 8-10 characters only)

Signatures:

Please be sure to sign and date this application. By signing this application, you acknowledge you have read the Use and Access Policy for the use of the Network and agree to use this service for educational purposes only. As a member of Charlotte Public Schools, you understand that changes are made occasionally to the Use and Access Policy document and agree to abide by the current version of the document as posted electronically on CharlotteNet. Any questions related to the Use and Access Policy should be directed to the System Administrator. As a member of Charlotte Public Schools, you agree that if you are unwilling to comply with any provision in the current Use and Access Policy, you will immediately cease using Novell Log on and contact the System Administrator to request that your login account be closed. Any violation of the Use and Access Policy may result in the loss of Network privileges and/or legal action against the individual(s).

Users have no expectation of privacy as to information or activity on the District's electronic information technologies. The District retains the right to monitor all use, including but not limited to e-mail and voice mail communications, computer files, databases, web logs, audit trails, or any other electronic transmissions accessed through the District's electronic information technologies.

Member
Signature _____ Date ____/____/____

Parents Signature _____ Date ____/____/____
(required if Member is under 18)