

STUDENT USE OF DEVICE AGREEMENT

Lyle students are provided an electronic device as part of their academic experience here at school. Because these devices are a part of their daily life as a student, proper management and care of these devices are extremely important. This form serves as an agreement between the Lyle Public School District, the student, and parents/guardians. Before a device is distributed to a student, this form must be completed and signed by both student and parent/guardian.

Student Name: _____
Last Name First Name Grade

Parent/Guardian Name (printed): _____

- We have read and fully understand the terms and expectations listed in the District Policy 524 – Internet Acceptable Use and Safety Policy.
- We have read and fully understand the terms and expectations listed in the District Policy 536 – iPad and Other Electronic Device Policy.
- The student above pledges the following:
 - I am responsible for the care, use, and safety of my device.
 - I will never leave the device unattended and will know where my device is at all times.
 - I will never loan out my device to other individuals.
 - I will charge my device's battery daily at home, if applicable.
 - I will keep food and beverages away from my device since it may cause damage to the device.
 - I will not disassemble my device, nor attempt any self-repairs, including clearing my device.
 - I will protect my device by using the case provided and not place any decorations on it.
 - I will use my device in ways that are appropriate.
 - I understand that my device is subject to inspection at anytime without notice and remains the property of the Lyle Public School District.
 - I will be responsible for all damage or loss caused by neglect or abuse.
 - I will honor myself and others by communicating in a respectful manner in all electronic communication, both in and out of school and at all times.
 - I will return my device to school personnel at the end of the school year, or when my enrollment at Lyle Public School ends.

STUDENT - I have read and do understand the school district policies relating to safety and acceptable use of the school district computer system and the Internet and agree to abide by them. I have also read and understand the expectations for proper use and care of my device. I further understand that should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be taken.

PARENT OR GUARDIAN - As the parent or guardian of this student, I have read and understand the expectations for proper use and care of the device provided to my child. I have also read the school district policies relating to safety and acceptable use of the school district computer system and the Internet. I understand this is designed for educational purposes. The school district has taken precautions to eliminate controversial material. However, I also recognize it is impossible for the school district to restrict access to all controversial materials and I will not hold the school district or its employees or agents responsible for materials acquired on the Internet. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Student Device Insurance Option

There is no fee for the use of these devices, but Lyle Public School is offering the opportunity for the purchase of insurance for these devices for students in grades 5-12, if desired. The cost of coverage is \$40 per year, which will cover the cost of damage to the device, unless it is due to student misuse or neglect. Damaged items must be brought to the school for repair or replacement. Please never attempt to fix a device on your own. This insurance does not cover the cost of a lost or stolen device.

_____ We would like to PURCHASE insurance for the iPad/Laptop. My payment of **\$40**, payable to **Lyle Public School**, is enclosed. Insurance coverage does not begin until final payment is made. Any damage to device without coverage and payment becomes the responsibility of the student/parent/guardian.

_____ We have decided to NOT PURCHASE insurance for the iPad/Laptop. We understand we will have to pay for the repair of the damaged item or the full replacement of the device as stated below:

Laptop - \$300
Charger - \$20
Screen - \$90
Keyboard Battery - \$60
Wi-Fi - \$60

iPad - \$300
Charging Block - \$10
Charging Cable - \$10
Screen - \$90
Headphones port - \$60
Charging port - \$60

By signing below, you are agreeing with all expectations and policy contents regarding the technology devices you are being given.

Student Signature: _____ **Grade:** _____

Parent's/Guardian's Signature: _____ **Date:** _____

For School Use Only:

iPad Serial Number: _____

Laptop Serial Number: _____

Date Insurance Payment was received (if applicable): _____

Cash Credit Card Check # _____