

Student Name: _____ Grade: _____

Payment and Refund Information

If withdrawing/transferring from Medford Public Schools and not expected to return no refund of the insurance fee is available.

If enrolling at Medford Public Schools, device payment is based on eligibility of Free/Reduced Lunch. There is a \$100 per family maximum.

Enrollment date range	Payment is:*
1 st Quarter	\$45
2 nd Quarter	\$35
3 rd Quarter	\$25
4 th Quarter	\$15

Payment Due	Students	Rate	Total
Full Insurance		\$45	
*Reduced Insurance		\$25	
*Free Insurance		\$0	
Total Due			

*Reduced fees are available to students that qualify for free/reduced lunch.

First screen breakage cost/co-pay is \$30, 2nd breakage is \$40, 3rd and recurring are \$50.

Medford Public Schools 1:1 Device Project Policies, Guidelines, & Agreement Form

Access to technology in the Medford Public School District has been established for educational purposes and opportunities. Technology today has the ability to bring information to our fingertips with ease, allows us to be critical along with allowing us to connect and collaborate on a global scale. However sometimes reminders are needed that all use of MHS electronic technology must be used in support of educational programming. Students must comply with all district guidelines, policies and agreement. The device is the property of Medford Public Schools and can be reviewed or seized at anytime. Students should not expect privacy of materials or their activity on the device.

Failure to comply with the 1:1 device project guidelines as stated in this document along with all district policies including District Policy 524 Internet Acceptable Use and Safety Policy, District Policy 514 Student Bullying Prohibition, and District Policy 506 Student Discipline may result in the loss of privilege to take the device home, use the device, or other disciplinary actions as appropriate.

I have read all the policies and guidelines in the Medford Public Schools 1:1 device Project Policies, Guidelines, & Agreement document. I understand my student's responsibilities as a student participation in the device project.

I/We have read all the policies and guidelines in the Medford Public Schools 1:1 device Project Policies, Guidelines, & Agreements document. I authorize District 763 to allow my student access to educational applications which may require a minimum age of 13 years or older.

If you'd like to learn or read more you can see our agreements here on our Technology Integrationist's Website: <http://www.medford.k12.mn.us/page/3798> I understand my responsibilities as a student participating in the 1:1 Device project:

Student Name: _____

Student Signature: _____ Date: _____

I/We have read all the policies and guidelines in the Medford Public Schools 1:1 Device Project Policies, Guidelines, & Agreement document. I authorize District 763 to allow my student access to educational applications which may require a minimum age of 13 years or older. I understand my responsibilities as a parent/guardian participating in the 1:1 Device Project:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Medford Public School Digital Learner Pledge Form

1. I will take good care of my device.
2. I should never leave my device unattended, if I do, I accept the consequences of what happens to it.
3. I should never loan out my device to other individuals, if I do, I accept the consequences of what happens to it or on it.
4. I will know where my device is at all times.
5. I will charge my device's battery daily.
6. I will keep food and beverages away from my device.
7. I will not disassemble any part of my device or attempt repairs.
8. I will protect my device by only carrying it while in a cover.
9. I will use my device in ways that are appropriate, meet the Medford Public School's educational expectations.
10. I will not place inappropriate items, stickers, or permanent decorations on the device, or cover, or will cover up the identification of the device, nor will I deface the serial number of any device.
11. I understand that my device is subject to inspection by Administration or Technology Staff at any time without notice and remains the property of the Medford School District.
12. I understand that my device is being monitored daily for concerning behavior and safety.
13. I will respect the expectation of apps to be installed on the device. I won't try to install apps that aren't allowed on the device. I will not attempt to circumvent security, use virtual private networks (VPNs) or any other means of getting around school security protocols.
14. I will follow the policies outlined in the device Handbook and the Technology Acceptable Use Policy while at school, as well as outside the school day.
15. I will file a report ASAP in the Principal's office in the case of theft, vandalism, and other inappropriate circumstances.
16. I will be responsible for all damage or loss caused intentionally or by neglect or abuse.
17. I agree to return the District device, cover and USB cable/charger, in good working condition.
18. Individual school devices and accessories must be returned to the school at the end of this school year. Students who withdraw, are suspended or expelled, or terminate enrollment in Medford Public Schools for any reason must return their individual school device on the date of termination or pay for the cost of the device.

I agree to the stipulations set forth in the above documents including the 1:1 Device Handbook and Information; the Acceptable Use Policy; and the Student Pledge for device Use.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____