

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
School: CH NER NW SR TS  
Grade: \_\_\_\_\_  
Advisor/Homeroom Teacher: \_\_\_\_\_

St. Louis County Schools Student/Parent  
iPad/Laptop Agreement  
2018-2019  
*Grades 7-12*

We, the undersigned, have participated in the Student/Parent iPad/Laptop Orientation and/or have reviewed the iPad/Laptop Implementation Presentation on the websites and agree to the requirements of this Agreement. We understand the expectations and responsibilities associated with the iPad/Laptop Implementation Plan.

Please choose from the options below:

\*\* You may pay online. Go to your parent portal and on the left side choose payments. This online available on the parent portal website, not the mobile app.

- ☐ \$40 Insurance Plan (\$100 maximum per family)
- ☐ Attached Home Owners Insurance Rider
- ☐ Agree to pay for repair or replacement of iPad/Laptop.

Reference Number if paid online: \_\_\_\_\_ Date: \_\_\_\_\_

Other Options:

- ☐ iPad/Laptop will remain at school for school use.
- ☐ Payment plan has been arranged with the school principal.  
Please attach payment plan.

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Office Use Only

Received by: \_\_\_\_\_ (initials).  
Amount Paid: \_\_\_\_\_

Date \_\_\_\_\_