

Last Name: _____

First Name: _____

School: CH NER NW SR TS

Grade: _____

Advisor/Homeroom Teacher: _____

St. Louis County Schools Student/Parent iPad/Laptop Agreement 2019-2020

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

Please enter your online application number found at the bottom of your approval email or present your email at device pick-up: _____

Choose from the options below:

- ☐ \$20 Insurance Plan (\$40 maximum per family)
 - ☐ Online payment on Parent Portal made on _____ Ref # _____
 - ☐ Payment Receipt attached _____
- ☐ Attached Home Owners Insurance Rider
- ☐ Agree to pay for repair or replacement of iPad/Laptop.

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

Received by: _____ (initials).

Date _____

Amount Paid: _____