Responsible Use Policy for District Owned Devices

Student and Parent/Guardian

I have read, understand, and agree to follow all responsibilities as outlined in the Responsible Use Policy.

Student Full Name:  

Student Signature:  

Parent/Guardian Name:  

Parent Signature:  

Please choose one of the following options and sign below:

☐  **School and Home** – I want my student to have access to his/her school issued device beyond normal school hours, and I grant permission for my child to bring the device home.
   • I acknowledge that my child, accidentally or purposely, might gain access to unfiltered, inappropriate, or non-educational material when using the device away from school.
   • I take responsibility for my child’s use of the device while he/she is away from school.

☐  **School Only** – I want my child to have access to his/her school-issued device during normal school hours only. My student will be responsible for checking the device in at the end of the day and checking out the same device when they return to school in the morning.

☐  **Personal Device** – I choose not to use a district owned device, but instead, give my student permission to use a personal device.
   • I understand that the personal device must have, at a minimum, the same capabilities as a district owned device.
   • I understand that the personal device will be configured so it can be managed by the district.
   • I understand that I am still responsible for the Technology User Fee even though my student is using a personal device.

☐  **Not Participating** – I choose not to allow my student to use any devices at school. I understand that my student will not have the same access to resources as students who have devices.

Parent/Guardian Name:  

Parent/Guardian Signature:  

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