

Lexington Local Schools Student/Parent Device Agreement Signature Page

This box is to be filled out by LLSD

Last Name _____ First Name _____

Device Tag Number _____ Student Number _____

Building _____ Grade _____

Agree to the following:

- I have read the LLSD Use of Internet by Students Policy and the Student handbook. I will hold my child accountable to these policies and regulations.
- I understand that this device designated for education purposes and, therefore, my child's violations of this agreement may be cause for the removal of his/her Device privileges.
- I assume financial responsibility for any damage, vandalism, loss, or theft of the device, power adapter, cord, and accessories whether due to accident, neglect, or intent. Further, I understand if my child accidentally or purposefully damages or breaks another student's Device, power adapter, cord, or accessories, I am financially responsible for all expenses related to repairs or replacement. – **UP TO FULL REPLACEMENT COST OF THE DEVICE PER BOARD POLICY 5513**
- I understand that Devices are District owned devices and all content stored on the Device is subject to review at any time.
- I understand that if my student fails to return the Device when/as directed, I will pay the replacement cost of the Device, power adapter, cord, and accessories provided by the District. Failure to do so may result in tracking of the device and a criminal and/or civil court prosecution.

Parent/Guardian Agreement for Device Use:

I, _____
(Print Parent/Guardian's First and Last Name)

Parent/Guardian Signature:

(Print Parent/Guardian's Signature)

Date: _____

Agree to the following:

- I have read the LLSD Use of Internet by Students Policy and the Student handbook. I will follow all the school policies all times.
- I understand that I am permitted to use the Device and internet for education purposes related to school assigned topics and I will exercise responsible behavior when doing such.
- I understand that I am responsible for any damage, vandalism, loss, or theft of the Device, power adapter, cord, and accessories whether due to accident, neglect, or intent – **UP TO FULL REPLACEMENT COST OF THE DEVICE PER BOARD POLICY 5513**
- I will immediately notify the LLSD Tech Department in case of damage, theft, vandalism, and/or loss of device.
- I agree to return the District Device to the LLSD when requested or if I withdraw from the school.
- I understand that not returning the device at these times will result in the device being locked and a replacement fee will be the consequence.
- I understand that if I do not return the Device it can be tracked by law enforcement and I could be charged with theft.
- I understand I must clear all Device fees, if any, before participating in school-related events, including attendance at sports, dances and graduation.

Student Agreement for Device Use:

I, _____
(Print Student's First and Last Name)

Student Signature:

(Student Signature)

Date: _____