## Watauga County Schools One-to-One Mobile Computing Device Initiative Student Mobile Computing Device Agreement

THIS FORM IS TO BE COMPLETED BY THE **PARENT AND STUDENT.** PLEASE PRINT ALL INFORMATION.

Student Last Name	Student First Name	Student Middle Name	Student Grade	
Parent/Guardian Last Name	Parent/Guardian First <mark>Name</mark>		Student ID #	
Home Phone	Work Phone	Cell Phone	Other Phone	
Responsible Use policy (	#3225/4312/7320). My sign	ned above, have read (or have hanature below indicates I understandarent Mobile Computing Device H	d and will abide by this poli	cy and

the procedures and guidelines in the WCS Student/Parent Mobile Computing Device Handbook at all times. I understand that should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken.

- ✓ I understand the Mobile Computing Device ("Device") is property of Watauga County Schools and is assigned to me.
- ✓ I will use my assigned Device appropriately for school purposes.
- ✓ I will care for my assigned Device and not leave it unsupervised in unsecured locations.
- ✓ I will be responsible for all damage or loss to my assigned Device caused by neglect or abuse.
- ✓ I will report the loss or theft of my assigned Device as outlined in the Student/Parent Mobile Computing Device Handbook.
- ✓ I will not loan my assigned Device to another individual.
- ✓ I will charge my assigned Device before each school day.
- ✓ I will not disassemble or attempt any repairs on my assigned Device.
- ✓ I will carry my assigned Device in its school-issued protective sleeve/case.
- ✓ I will not place stickers, drawings, markers, etc. on my assigned Device.
- ✓ I will not deface the serial number/asset number stickers on my assigned Device.
- ✓ I agree to return my assigned Device, power cord, and other accessories in working condition.
- ✓ I understand I may be criminally charged if my assigned Device is not returned at the designated time.

Student Signature	Date
Parent Signature	Date

## Watauga County Schools One-to-One Mobile Computing Device Initiative Parent / Guardian Agreement for Student Use of Mobile Computing Device

THIS FORM IS TO BE COMPLETED BY THE **PARENT/GUARDIAN.** PLEASE PRINT ALL INFORMATION.

I, the parent/guardian of the student named below, hereby give permission for my child to use the Mobile Computing Device and network resources provided by Watauga County Schools. I have read (or have had read to me) Watauga County Schools' Technology Responsible Use policy (#3225/4312/7320) and the WCS Student/Parent Mobile Computing Device Handbook. I understand the Mobile Computing Device is property of Watauga County Schools and is assigned to my student for learning purposes only.

I understand that network/Internet access is intended for educational purposes. Watauga County Schools, in accordance with federal law and WCS Board Policy #3226/4205, provides technology protection measures (i.e. network filtering) to restrict my child's access to questionable materials. If my student uses the Mobile Computing Device at home, I accept responsibility for my child's Internet activity during home use of the Device.

I understand parents/guardians/adult students will file a police report in case of theft/vandalism and will be responsible for insurance deductible in the event of accidental damage.

- 1st instance = \$0
- 2nd instance = \$50
- 3rd instance = \$75
- 4th instance = \$100 and disciplinary action will be taken
- Lost device/excessive damage = \$250
- Lost/damaged power cord = \$35

Student Name (please print)	Parent/Guardian Name (please print)			
Parent/Guardian Signature	Date			

## Student Responsible Use Policy Assent and Equipment Receipt / Return Log

		Kinder	1st	2nd	3rd	4th	5th	6th	7th	8th
Device	Asset									
Device	Serial									
RUP Assent	Init.									
	Date									
Equip. Issued	Init.									
	Date									
Equip. Ret'd	Init.									
	Date									