## LSS STHDENT TECHNOL DAN AGREEMENT

The Richmond County School System's (RCSS) vision is to prepare every student to thrive, adapt, and lead in an ever-changing world. Students are provided the opportunity to take home or use while in the classroom, a Windows or Chrome laptop or a Chrome tablet that is the property of RCSS for educational purposes.

All students and parents/guardians will be required to sign this form acknowledging that they have read and agree with the School System's device procedures.

Please read each statement below, and by signing, you are agreeing to the RCSS Expectations of Responsible Device Use:

- · I understand that all use of the School System's laptops/tablets must be for educational purposes, and students are not to use the device for personal, commercial, or business use.
- I understand that I am accountable for and assume full responsibility for the care of the device on and off school premises.
- · I understand that I assume full responsibility for the security of the device on and off school premises.
- I understand that I assume full responsibility for reporting to the teacher, media specialist, or school administrator if a device is lost, stolen, or damaged.
- I understand that students will be offered an optional insurance plan to cover accidental damage, loss, or stolen devices.
- · I understand the optional insurance plan covers two devices per year, and if a third device is damaged, lost, or stolen, the student will become a "day-user" and will be provided a device at school, but will not be allowed to take the device off-campus.
- I understand that a Student without optional insurance will be assessed a fee to cover a damaged, lost, or stolen device.
- See RCSS Policy JS and Procedure JS-R (1) regarding Student Fees, Fines, and Charges

Please review the entirety of the One-to-One Handbook and sign below stating that you have read and support the expectations stated therein.

Check: if the student will be a Day-User \_\_\_\_ Check: if the student will be a Take-Home User Note: While the School System will attempt to honor the preference selected for Day-User or Take-Home User, please note that there may be times when a Day-User's device may need to be sent home for at-home learning or other activities (e.g., inclement weather). The student is responsible for the care of the device at all times, whether on or off school premises.

Student's Name (print first and last name):	
School:	_ Grade:Homeroom Teacher:
Student Signature	Parent/Guardian Signature
Home Address:	City/State/Zip:
Phone Number:	
RCSS Use Only:	
Date of Issue:Device Type: _	Serial #:
Asset Tag #:	SID#_300: