

# RCSS STUDENT TECHNOLOGY LOAN AGREEMENT

The Richmond County School System's (RCSS) vision is providing an equitable education for all students to prepare them for life beyond the classroom. Students are provided the opportunity to checkout laptops/tablets that are the property of RCSS so that they may continue using the device away from school facilities for educational purposes.

All students, parents and/or (guardians) will be required to sign this form acknowledging that they have read and agree with the school system's device checkout procedures before a laptop/tablet can be taken to a location other than a school system facility.

**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 my device.
- I understand that I assume full responsibility for security of the device on and off school premises.
- I understand that I assume full responsibility for reporting device problems, breakage or damage immediately.

The use of a county-issued device is a privilege. Students will be offered an optional insurance plan to cover the replacement cost of the device should it be damaged, lost or stolen. This plan will cover one device per year. If the student loses or damages the second device, the student will become a "day-user" and will be provided a device at school, but cannot take a device off-campus.

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

**Student's Name (print first and last name):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

Please sign that you are receiving a device from the Richmond County School System and that you will follow the procedures in the Student Technology Loan Agreement. Also, you understand that if insurance is not purchased, the replacement cost of the device will be charged.

## **Device Information**

**Date of Issue:** \_\_\_\_\_ **Device Type:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Asset Tag #:** \_\_\_\_\_

## **Student Information**

**SID#\_300:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Printed Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_