

RCSS STUDENT TECHNOLOGY LOAN AGREEMENT

The Richmond County School System's (RCSS) vision is to provide an equitable education for all students to prepare them for life beyond the classroom. 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, parents, and/or (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.
- 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 stolen, lost, or damaged, the student will become a "day-user" and will be provided a device at school, but cannot take a device off-campus.
- I understand that a Student without optional insurance will be assessed a fee to cover a damaged, lost, or stolen device.

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 _____

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: _____