

Grade Level: _____

**Roland-Story Community School District
Student 1:1 Device Program Acknowledgement Form 2018-19**

The following items reiterate some of the most important points covered in the Student/Parent 1:1 Device Use Agreement.	Student Initial	Parent Initial
I will not leave my device unattended unless it is locked in a secure place. My family is fully responsible for the cost of replacement should my device become lost or stolen due to "gross negligence" as determined by the administration.		
I understand that my family is financially responsible for up to full cost if damage occurs to the device. Please refer to the Student/Parent 1:1 Device Use Agreement for details.		
I will not install or use file-sharing programs to download music, video, or other media.		
I will not duplicate nor distribute copyrighted materials other than a back-up copy of those items I legally own.		
I will protect the device by using the provided carrying case or sleeve whenever it is moved from one point to another.		
I will read and follow general maintenance alerts from school technology personnel.		
I will report any problems with my device to a member of the tech support staff in a timely manner.		
I understand that my device can be monitored remotely by software installed by the district.		
I understand that I am responsible for my device at all times, and accept the consequences for any misuse or neglect of my device.		
I have read the Equipment Lending Agreement and agree to those conditions. This covers the use of video cameras and other peripherals.		

I understand that use of the device and the ability to take it to and from school is a privilege and not a right, therefore if I chose to violate any of the conditions in this agreement I understand that I may lose this privilege. Questions and or accommodations regarding the device agreement information need to be directed to the building Principal or Technology Coordinator Mr. Dan Rader.

Student Name (printed clearly) :	
Student Signature & Date:	
Parent/Guardian Name (printed clearly):	
Parent/Guardian Signature & Date:	

If for some reason you chose not to receive a device at this time, sign below. My signature indicates that I have read and understand all of the Technology Policies of RSSD, but chose to NOT receive a device at this time.

Sign below only if you do NOT want your student to have a device.

Student Signature & Date:	
Parent/Guardian Signature & Date:	

This completed and signed form is a mandatory requirement for the assigning and issuing of a RSSD 1:1 device. It must be filed prior to the assigning of a device. Students will not receive their devices until the building Principal has received this signed form.