## WCCUSD

## 2016-17 Student Agreement for Use of Electronic Mobile Devices

(Please return all pages to the school/teacher)

Student Name (Print):	ID:	

**No, I DO NOT give permission** for my child to check out a Windows tablet from the school.

Yes, I GIVE permission for my child to check out a Windows tablet from the school. In consideration for the privilege of my child using the device, I hereby release the school district, its operators, and any institution with which they are affiliated from any and all claims and damages of any nature arising from my child's use, or inability to use, the system, including, without limitations, the types of damage identified in the school and district acceptable use policy(s) and administrative guidelines.

## \_\_\_\_\_Initial Please: My child and I have gone over and understand the importance of Digital Citizenship.

- I will take good care of my assigned tablet.
- I will never leave the tablet unattended.
- I will never loan out the tablet to other individuals.
- I will know where the tablet is at all times.
- I will charge the tablet's battery daily while in my care.
- I will keep food and beverages away from the tablet.
- I will not disassemble any part of the tablet or attempt any repairs.
- I will use the tablet in ways that are appropriate, educational and meet all WCCUSD policies.
- I will not decorate (stickers, markers, paint/paint designs, etc.) the tablet or case. I will not deface the serial number tablet sticker on any tablet.
- I understand that the tablet is subject to inspection at any time without notice and remains the property of West Contra Costa School District.
- I will file a police report in case of theft, vandalism or other acts covered by insurance.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I understand and agree to the stipulations set forth in the above document including the District Acceptable Use Policy (AUP) for Technology.

We have read the West Contra Costa Unified School District's Acceptable Use Policy and by signing below, both the parent and student agree to the terms of this policy.

Student Name (Print):		
Student Signature:	Date: _	
Parent Name (Print):		
Parent Signature:	Date:	Address:
Phone Number(s):		
E-mail:		

## This form must be completed and returned to the school before students will be permitted to use any tablet/e-book readers at the school site.

This form will be kept in the student permanent cumulative record folder or a location determined by the school. The agreement contract will remain in effect for the entire time that this student will be enrolled in this school. It is understood that the parent/guardian has the responsibility to notify the school should name and/or guardianship changes or permission changes occur. Should such information change, and no notification by the parent/guardian is made to the school, the contract liability statements and permissions on file at the school will remain in effect for this student.