



STUDENT / PARENT ELECTRONIC DEVICE ACCEPTABLE USE AGREEMENT

THE WINSTON COUNTY SCHOOLS STUDENT / PARENT DEVICE ACCEPTABLE USE POLICY IS AVAILABLE ONLINE AT WWW.WINSTONK12.ORG UNDER THE DEPARTMENTS – TECHNOLOGY OPTION. A WRITTEN COPY OF THIS POLICY WILL BE MADE AVAILABLE UPON REQUEST.

1. I have read and agree to comply with the Winston County Schools Student Parent Device Acceptable Use Policy, which is available on the district website.
2. I understand that I am assuming the responsibility of a device owned by Winston County Schools and that failure to secure the device can result in monetary expenses.
3. I understand that I/my student will be issued a Google Classroom, Schoology account and/or any other academic program deemed necessary by the classroom teacher that will be used for educational file storage and communication.
4. I understand that replacement fees apply in accidental and intentional situations to assigned devices.
5. I agree to return the device and its accessories upon request or upon withdrawal from Winston County Schools.

Student Printed Name: _____

Student Signature: _____

Date: _____

Parent Printed Name: _____

Parent Signature: _____

Date: _____

For Office Use Only

Brand and Model of Device:

Serial Number of Device:

Chromebook BarCode #

Charger BarCode #

Notes: