



STUDENT / PARENT DEVICE 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 and/or Schoology account that will be used for educational file storage and communication.
4. I understand that deductibles for repairs apply in accidental situations and that intentional damage is assessed at full cost.
5. I agree to return the device and its accessories upon request or upon withdrawal from Winston County Schools.

I am requesting the following coverage for the student device:

- _____ **Option 1:** \$30.00 annual insurance fee (per academic year) for accidental device damage - \$300.00 limit - accessories (i.e. charging cords, power adapters) are **not** covered.
- _____ **Option 2:** Student/Parent accepts full responsibility for cost of repair or replacement of device, if necessary.

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:			
WCS Identification Number:			
Insurance purchased?	Yes	No	
Paid?	Yes	No	
Notes:			
Employee Signature:			