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: _______________________________________