

PLAINFIELD SCHOOL DISTRICT 202 STUDENT LAPTOP AGREEMENT

Plainfield School District 202 "District" has provided a laptop computer for your use for three days. All students and parents are required to sign and return this form before being assigned a laptop that may be used within the District or off District property.

ITEM INFORMATION

Model # _____ Replacement Value: \$500

Student Name _____ Grade: _____

Student ID: _____

ACKNOWLEDGEMENT AND AGREEMENT

By completing and signing this form, I acknowledge and agree as follows:

1. I understand that use of the District's laptop is intended to be for educational purposes only. For students this includes use during the instructional day and use off District property, for purposes such as reviewing and inputting information, school related communication, independent research, college applications, and gathering of resources. The laptop will not be used for more than *de minimis* (i.e., minimal) personal use, and shall not be used **at all** for commercial or business use or for political or religious reasons.
2. I agree to make no unauthorized changes to the laptop including adding, removing or adjusting computer software or hardware without prior authorization through the administration in the office of Curriculum and Instruction or the administration in the Department of Technology.
3. I agree to return the laptop to the District in the same condition it was in prior to being issued to me, excluding normal wear and tear. I agree to use ordinary care and diligence in protecting, safeguarding and supervising the equipment, and understand that I will be personally responsible for damage or theft to the equipment. I agree not to leave the equipment in an unsecured location or unattended.
4. I agree to return the laptop by the return due date listed at the top of this page. I understand that I will be liable for the "replacement value" of any equipment not returned.
5. I understand that I am responsible for reviewing and understanding these policies before using the equipment.
6. I understand that any violation of these procedures or any related District policy or procedure may result in me not having access to equipment issued by the district.

Note: Activity on this computer is recorded and monitored by SpectorSoft.

I acknowledge that I have read, understand and agree to all terms as outlined in this agreement and related district policies.

PARENT NAME (please print): _____

PARENT E-Mail: _____

PARENT SIGNATURE: _____

STUDENT NAME (please print): _____

STUDENT SIGNATURE: _____

DATE: _____ I have internet access at home (please circle) Yes or No.

Authorization Form:

ACCEPTABLE USE OF TECHNOLOGY POLICY (AUP)

AUTHORIZATION FORM

******The following section must be completed by all employees, students, and users of District electronic resources ******

By signing below, I acknowledge that I have received, read, and understand Policy 9:00, the *Acceptable Use of Technology Policy (AUP)*, and agree to all terms of the AUP. I understand that I may be disciplined, up to and including suspension and expulsion, or subject to other legal action for violations of the AUP.

User's Full Name	Student ID
User's Signature	Date