

**CHAPIN SCHOOL**  
**Parent Agreement for iPad Lower School**

Chapin School is pleased to offer its one-to-one iPad program for students. As we work to keep students safe, to provide technological access for educational purposes, and to appropriately manage these important resources -- through this "Parent Agreement," we seek your support in helping to achieve these goals.

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**CONDITIONS OF USE:** The above-referenced iPad, its case, and keyboard are the property of Chapin School, and are being made available for your child to take home to further enhance his/her educational experience. Guidelines and Policies governing the use of the iPads can be found at:

[https://www.chapinschool.org/Customized/Uploads/ByDate/2017/July\\_2017/July\\_19th\\_2017/Chapin\\_School\\_iPad\\_Policies\\_and\\_Procedures\\_Lower\\_School43932.pdf](https://www.chapinschool.org/Customized/Uploads/ByDate/2017/July_2017/July_19th_2017/Chapin_School_iPad_Policies_and_Procedures_Lower_School43932.pdf)

Chapin requires that you comply with all of the policies found in this document. Chapin School reserves the right at any time to revoke your child's privilege of having the iPad if it is determined that these conditions are not met.

**LIABILITY FOR THEFT OR BREAKAGE:** Chapin School will be purchasing accident, damage, and theft insurance for each iPad. This will cover all necessary repairs and/or replacements, after a deductible of \$50 per incident. Chapin will attempt to provide a replacement iPad during times of repair, but cannot guarantee one. The above insurance does not cover the battery, the case, or the keyboard.

**PARENT ACKNOWLEDGEMENT FOR USING THE IPAD:**

\_\_\_\_\_ I have read and agree to comply with the above provisions and request that my child be issued an iPad. (Please know that failure to check and sign this agreement will result in your child not being issued an iPad.)

\_\_\_\_\_  
Parent Name (Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
(Date)

**PLEASE FILL IN YOUR CHILD'S NAME AT THE TOP, SIGN,  
AND RETURN THIS FORM TO THE FRONT OFFICE BY September 3<sup>rd</sup>.  
(Fax: 609-924-2364)**