

ID # _____
Grade _____
Serial # _____



**Altus Public School District
Digital Learning Initiative**

DIGITAL LEARNING INITIATIVE ACKNOWLEDGEMENT FORM

By submitting this form I, the undersigned, acknowledge that I have read the following documents and understand the basic use and care of the iPad issued by the Altus Public School District. I also acknowledge that I have attended the orientation session at the time of receiving the iPad.

I further understand that this technology is a privilege. I agree to take care of the device and use it for instructional purposes only. If any items are lost or damages occur to the device and/or the accessories, I agree to pay the fees associated with replacement or repair. **Repair costs are \$50 for the first repair, \$100 for the second, and \$150 every time thereafter.**

Items Submitted:

- Student iPad Use Guidelines
- DLI Acknowledgement Form

Date:

Items Received:

Cost to Replace

- iPad (\$299)
- Charger (\$15 Charger, \$10 Cable)
- Case (\$30)

Date:

Parent's Printed Name

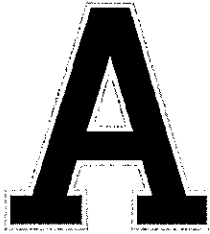
Parent's Signature

Date

Student's Printed Name

Student's Signature

Date



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STUDENT IPAD USE GUIDELINES

1. I will take good care of the iPad and accessories so there is no damage to the device.
2. I will protect the iPad by carrying it in the protective case.
3. I will never leave the iPad unattended except at the direction of my teacher.
4. I will never loan out the iPad.
5. I will keep food and beverages away from the iPad since they may cause damage to the device.
6. I will not disassemble any part of the iPad or attempt any repairs.
7. I will use the iPad in ways that are educationally appropriate by following the Acceptable Use Policy procedures and my teacher's instructions.
8. I will not place decorations, such as stickers or markers, on the iPad.
9. I will not deface the serial number on any iPad.
10. I will not change iPad settings, download apps, or use personal Apple ID.
11. I understand that the iPad is subject to inspection at any time without notice and remains the property of the Altus Public School District.
12. I will always follow these iPad Guidelines and the Acceptable Use Policy.
13. I will inform my teacher immediately if there is a problem with the iPad.

By signing this form you indicate that you have read this document and agree to its stated conditions.

Printed Name

School Name

Signature

Date