

Consent to Use Lewistown Public Schools District-Owned Technology

Student Check Out of District-Owned Computer, Tablet, or Device

I, _____, the parent or guardian of
_____ consent to and/or authorize for the school year

2020-2021 at Lewistown Public School District in accordance with the following terms:

- 1) I grant permission for my child _____ to check out a computer, tablet, or other device to bring home as needed for academic use.
- 2) I assume responsibility for any damage to, and responsibility for, the repair and or replacement of the computer, tablet, or other device while it is in my child's custody.
- 3) I assume responsibility for any unauthorized use of the computer, tablet, or other device while it is in my child's custody and will supervise its use to see that the computer, tablet, or other device is used only for academic or other purposes as assigned by school staff and in accordance with District Policy and the technology use agreement.
- 4) I will assume responsibility to pay for any damage, repair and or replacement for any damage done to district software which may result from my child's use of the computer, tablet, or other device.
- 5) I will assume responsibility to pay for any damage, repair and or replacement for any damage done to district software which may result from a virus introduced as a result of my child's use of the computer, tablet, or other device.
- 6) I will not allow my child to use the district's computer, tablet, or other device to add, remove or copy any programs, software or information in a manner which may violate copyright laws.

Parent or Legal Guardian Date

Parent or Legal Guardian Date

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For District Use:

Device Provided to Student: _____ Serial Number: _____

Staff Member Name: _____ Date Provided: _____

Date Returned: _____ Notes: _____