



Summer 2019

1:1 Device Use Opt-In Form

Lawrence Public Schools USD497

I (parent/guardian name), _____,
agree that my child, _____, may bring home their district
issued device, Tag # _____, over the summer. I accept all
responsibility for the aforementioned device. My student and I have read and
understand the Lawrence Public Schools Acceptable Use Policy and Responsible
Use Guidelines for 1:1 Devices.

Signature of Parent/Guardian

Date of Signature of Parent/Guardian

Signature of Student

Date of Signature of Student

Student ID number

School