

District Issued Device Agreement Form

ACCEPTANCE OF RESPONSIBILITY AND DEVICE USE AGREEMENT

PARENT AGREEMENT

Grade levels participating in the "1:1 The Learning Advantage Program" are not permitted to use personally owned devices. I understand that the student named below will be permitted to use the district issued device, subject to the conditions described in the following documents:

- District Issued Device Responsible Use Guidelines
- OCS BOE Policies: 3225/7320, 1710/4021/7230, 3226/4205, and 6523
 - *District issued devices are subject to these policies.*
- For more information on these policies, please visit the Onslow County Schools (OCS) website or contact your child's school administrator.

I understand that Onslow County Schools (OCS) and [school name] are not responsible for any personally owned device or data loss, theft, damage or other associated costs of replacement or repair incurred during the school day.

I understand that OCS uses technological measures such as filtering to promote internet safety. Filtering limits students' ability to access harmful internet sites from any device connected to the OCS network.

I understand that the purpose of allowing my student to use a district issued device is to access and enhance the OCS curriculum, and that uses unrelated to the OCS educational program (including but not limited to personal email, downloading of personal games or music, and installing applications) are prohibited on the school network. This policy does not allow students to use cell phones during the instructional day unless deemed appropriate by teachers and/or administrators.

I agree to review the responsible use guidelines of district issued devices with my student.

I understand that any district issued device will be assessed a non-refundable technology assessment fee to assist with the program costs necessary for the management and sustainability of a 1:1 learning environment. In addition, if a device is lost or deemed to be damaged due to negligence as defined by school administration, replacement and/or repair cost may be assessed.

I understand that devices will not be altered in appearance in any way.

I understand that my signature indicates that I have reviewed the policies, guidelines, and procedures of [school name]/OCS and acknowledges my student's understanding and acceptance of the information presented within the District Issued Device Responsible Use Guidelines and *BOE Policy 3225/7320*.

Student Name

School Name

Parent or Guardian's Name

Parent or Guardian's Signature (Required)

Date

For Administrative Use Only:

DEVICE INFORMATION:

Manufacturer & Device Type (i.e. Apple iPad2, Dell Laptop):

Serial/Asset Number: