

OTHS Device Check Out:

Agreement filled online:

First name: _____ Last name: _____ ID#: _____

Chromebook _____

Windows Laptop _____

Other _____

By signing this form, the Authorizing Parent/Person agrees to abide by all rules and regulations set forth by O'Fallon Township High School, District #203, and agrees to return all checked-out laptops, Chromebooks, chargers, and hotspots at on or before the date specified by District #203. Failure to return a checked-out laptop, Chromebook, charger, or hotspot on or before the date specified by District #203 will result in District #203 charging the Authorizing Parent/Person for the full cost of replacement equipment. Any laptops or chargers checked out as temporary equipment due to the Authorizing Parent/Person's student missing equipment needed for the school day must be returned by 3:00 PM CST on the same day it was checked out. Failure to return a temporary laptop or charger will result in District #203 charging the Authorizing Parent/Person for the full cost of replacement equipment. The Authorizing Parent/Person hereby agrees to take precautions to protect the District's property and to take full responsibility for unlawful use, abuse of, or careless disregard of the equipment which occurs during the loan period. Damage to a checked-out laptop, Chromebook, charger, or hotspot during the loan period will result in District #203 charging the Authorizing Parent/Person for the full cost of repairs or replacement. Should the checked-out laptop, Chromebook, charger, or hotspot be returned before the obligated date, District #203 cannot guarantee that the same laptop, Chromebook, charger or hotspot be loaned out again, should the Authorizing Parent/Person's student need it again after its return.

Rescinding Authorization: Email ComputerDepartment@oths.us or call 618.632.3507 x5390 (Smiley Campus) or 618.622.9647 x5391 (Milburn Campus) if you wish to suspend or withdraw this authorization.

Authorizing Person's Home/Cell Phone Number: _____

Authorizing Person's Email: _____

Authorizing Person's Name: _____

Authorizing Person's Signature: _____ Date: _____

Do Not Write Below This Line - OTHS Office Use Only

Staff Signature: _____ Date: _____

Notes: _____

