

# Chromebook Usage Agreement

DeKalb County Schools

Student Name:

School:

Grade:

Please check off to confirm that you have received each of the following.

(1) Chromebook

(1) Protective Cover/Case

(1) Power Adapter

Chromebook Information:

Device S/N:

Asset Tag:

**All items must be returned to DeKalb County Schools annually on the date set by the district, at any time the principal or superintendent requires, or on the date of separation from DeKalb County Schools due to withdrawal, expulsion, or other reason.**

I understand that I may lose my device privileges as a result of my inappropriate behavior, and for any missing equipment/cables or damage due to carelessness, loss, or negligence.

- \* I have read and understand the DeKalb County Schools One-to-One Device Policy and Procedures.
- \* I agree to comply with the DeKalb County Schools One-to-One Device Policy and Procedures.
- \* I understand that digital device privileges may be removed due to inappropriate behavior, or failure to follow the guidelines of the DeKalb County Schools One-to-One Device Policy and Procedures.

Student Signature:

Date Signed:

Parent/Guardian Signature:

Date Signed:

Current Email:

Current Contact Number:

Current Address: