

Name: _____

Grade: _____

School Year: _____



To be completed by staff:

Device ID: _____

Laptop Acceptance Agreement Signature Page

You can review the entire Acceptable Use Policy (AUP) at https://bit.ly/RCS_AUP_24-25.

By signing this, you agree that your child will abide by the conditions listed in the Robertson County Schools (RCS) Acceptable Use Policy (AUP). You assume responsibility for the care and proper use of the RCS resources/devices, including backing up any personal data. RCS is not responsible for any loss resulting from delays, non-deliveries, missed deliveries, lost data, or service interruptions caused by user errors, omissions, or reasons beyond the district's control nor the consequences that may come from failure to follow District Policy 4.406 and procedures governing the use of technology resources. Information obtained via the Internet and other sources using RCS technologies is not guaranteed as to its accuracy or quality. You understand that should your child fail to honor all the terms of this Policy, future Internet and other electronic media accessibility may be denied. Furthermore, your child may be subject to disciplinary action outlined in the RCS student handbook and, if applicable, your laptop computer may be recalled. By signing below, you give permission for the school district to allow your child to have access to the internet and subsequent online resources (Office 365, Microsoft Teams, online textbooks, etc.) under the conditions set forth above. Finally, you understand that geolocation services may be used on the provided unit in accordance with all applicable privacy and other laws. You herewith grant consent for Robertson County Schools to locate the geographic position of this device, and you understand that may also include the location of individual movements as well.

By checking this box as the parent/guardian, you acknowledge and agree to have your child abide by the Robertson County Schools Acceptable Use Policy (AUP). District Policy 4.406, and you give permission for your child to have access to the described electronic resources/devices.

Parent/Guardian (please print): _____

Parent/Guardian Signature _____

PROTECTION PLAN PERMISSION

_____ I WANT the protection plan (page 2). I agree to pay \$35 within three weeks of starting school.

Payment Options:

Cash or Check – Cash and checks can be collected in the first week of school.

Online – Pay online with our online payment system, School Cash Online at <https://rcstn.schoolcashionline.com/>

Receipt #: _____

_____ I DO NOT want the Protection Plan and understand that I will be held liable for damage or replacement cost of the device.

Student name: _____

Date: _____

School: _____

For RCS Use Only

PAID:

Cash

Check

Online