BIBB COUNTY SCHOOL DISTRICT

STUDENT DEVICE OPT-OUT FORM

(ANNUAL SUBMISSION REQUIRED TO RENEW OPT-OUT)

STUDENT INFORMATION

Legal Last Name	Legal First Name	Student ID
Grade	**Birth Date**	**Current School**

Device Opt-Out Agreement: By signing below, I acknowledge that I **do not** authorize my student (Grades 3-8) to bring their district-issued device home. I understand that:

- The school district will cover non-negligent, accidental damage to the device.
- Insurance for lost or stolen devices can be purchased for a low price.
- This opt-out form must be submitted annually. When my student enrolls, the opt-out must be completed as part of the new enrollment process if I choose for my student to NOT bring a device home.
- I must identify the type of device my student will use at home for school-related activities.

Guardian-Provided Device Information:

Please provide information related to the type of device that you are providing for your student to use at home.

This form should **ONLY** be completed if you **DO NOT** want your student to bring their district-issued device home. In the absence of this form, all students in grades 3-8 will be expected to transport their district-issued device to and from school daily. Students in grades 9-12 are not allowed to OPT-OUT.

A GUARDIAN MUST SIGN AND SUBMIT THIS FORM TO THE REGISTRAR OR MEDIA SPECIALIST.

I understand all of the information shared above and choose to **OPT-OUT** my student from bringing their district-issued device home. I request that you **DO NOT** send a device home with my student.

Signature of Parent/Legal Guardian: _____ **Date:** _____

For School/District Use Only:

Received by: _____ Date Received: _____

Infinite Campus Updated by: _____ on _____

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Please make sure this form is shared with classroom teachers, media specialists and registrars.

Submit this completed document to the **school registrar** or **media specialist**.

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