Hattiesburg Public School District Parent/Guardian
District Issued Technology Agreement Form (rev. 12/9/20)

Student Name:	MSIS#:	
Parent/Guardian Name:	Grade:	School:
Parent Primary Phone#:	Parent Secondary Phone#:	
Date of Check out:	Return Date:	

As the parent/guardian of the above student, I, _____, understand my child's responsibility in the use and care of the issued technology device(s) by the Hattiesburg Public School District. I accept full responsibility for the proper use of my child's technology device under all applicable school board policies and the applicable handbooks. I understand that if I or my child is found to be the intentional cause of damage to the equipment or any loss of either the device or any other issued equipment, I will be responsible for all fines that may be issued.

The District Issued Technology must be returned to the HPSD immediately upon request by the HPSD school officials. In the event of damage, and if the determination is that it was the student's fault, the following repair/replacement fines may be imposed as a minimum and may exceed this if the actual repair cost is higher.

Loss, Damage, or Neglect	Estimated Repair/Replacement
Broken Screen or keyboard	$50.00
Power Adapter/Cord	$25.00
Lost, stolen, replacement due to irreparable damage	● Less than 1-year-old full replacement cost ● 1 year up to 2 years old 70% of replacement cost ● 2 years up to 3 years old 50% of replacement cost ● 3 years up to 5 years old 30% of replacement cost
Irreparable damage as a result of irresponsible behavior	Full replacement cost

Parent/Guardian Signature:	Student Signature:	
Item Brand/Description	Asset Number	Serial Number

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** CONFIDENTIAL **
FINANCIAL HARDSHIP WAIVER APPLICATION

To apply for a financial hardship waiver, carefully complete this form and return to _____. If you need help with this form, please call _____.

Student Name _____

School _____

Student ID Number _____ Dollar amount for this waiver $ _____

Explain in detail your reason for applying for this waiver:

_____

_____

_____

LIST ALL HOUSEHOLD MEMBERS MONTHLY INCOME

Name of Adults	SSN	Monthly Earnings From All Work Before Deductions	Monthly Welfare payments, Child Support and/or Alimony	Monthly Payments From Pensions, Retirement, Social Security	All Other Income Received Last Month
1._____	_____	$_____	$_____	$_____	$_____
2._____	_____	$_____	$_____	$_____	$_____
3._____	_____	$_____	$_____	$_____	$_____
4._____	_____	$_____	$_____	$_____	$_____
5._____	_____	$_____	$_____	$_____	$_____
6._____	_____	$_____	$_____	$_____	$_____

Name of Children, Age & School

Name	Age	School	
1._____	_____	_____	_____
2._____	_____	_____	_____
3._____	_____	_____	_____
4._____	_____	_____	_____
5._____	_____	_____	_____

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6._____	_____	_____	_____

Total Monthly Income $_____

Do you receive food stamps? _____ Food Stamp Case Number _____

Do you receive AFDC? _____ AFDC Case Number _____

List any and all other aid you receive from any source:

_____

_____

What is your relationship to student(s)? _____

CERTIFICATION

This application is made with full knowledge that the law provides penalties for making false statements or concealing material facts to obtain the benefits of this waiver.

_____ _____
Signature Home Address

_____ _____ _____
Printed Name of Parent / Guardian Home Telephone Work Telephone

Date Signed _____

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OFFICIAL USE ONLY

Approved ___ Disapproved ___ By: _____ Date: _____

Information verified by: _____ Date: _____