

Pueblo County School District 70
**ASSIGNED TECHNOLOGY DEVICE
USE AGREEMENT**



PLEASE PRINT

Student _____
Last Name First Name MI School ID # Grade
Parent _____
Last Name First Name Driver's License State/No.
Address _____
Street City/State Zip Code
Home Phone _____ Mobile Phone _____ Work Phone _____
Parent Email _____

NONDISCRIMINATION STATEMENT

Pueblo County School District 70 does not unlawfully discriminate on the basis of race, color, religion, national origin, gender, age, or disability in admission or access to, or treatment, or employment in its education programs or activities. Inquiries about ADA, Section 504, and Title IX may be addressed to the Superintendent of Schools, 24951 East Highway 50, Pueblo, Colorado 81006. 719-542-0220

In this agreement, "we," "us," and "our" means the District. "You" and "your" means the parent or guardian and student enrolled in the District. The "property" is a device owned by the District with the following identifying information:

This section for D70 use only

Insurance _____ By _____
Device _____ By _____
AC/PS _____ By _____
Case _____ By _____

Terms: _____ You will read and sign the District's Assigned Technology Device Use Agreement before taking possession of the Property. You will comply at all times with the District's Assigned Technology Device Handbook and Acceptable Use Policy (JS*), incorporated herein by reference and made a part hereof for all purposes. Any failure to comply may terminate your rights of possession effective immediately and the District may repossess the property.

Title: _____ Legal title to the property is in the District and shall at all times remain in the District. Your right of possession and use is limited to and conditioned upon your full and complete compliance with this Agreement and the District's Assigned Technology Device Handbook.

Loss or Damage: _____ Insurance against loss or damage is available and highly recommended, but not mandatory. If you choose not to purchase insurance and the device is damaged, lost, or stolen, you are responsible for all repair or replacement costs. Seniors must clear all records and pay all fees before participating in graduation ceremonies.

On campus loss or damage must be reported immediately to administrative personnel. Off campus loss or theft must be reported within 24 hours to appropriate law enforcement and a report needs to be filed. A copy of the filed report must be turned into school administrators by the next business and/or school day.

Consent to Search: _____ The parent and/or legal guardian gives consent, presented with reasonable cause, to search District assigned technology accounts, devices and/or associated media. This includes local, external or web-based drives and file storage, USB storage devices, and portable memory cards.

Repossession: _____ If you do not fully comply in a timely manner with all terms of this Agreement and the Assigned Technology Device Handbook, including the timely return of the property, the District shall be entitled to declare you in default and come to your place of residence, or other location of the property, to take possession of the property. If a transfer to another school takes place, you will have 24 hours to return the device to its home school.

Term of Agreement: _____ Your right to use and possession of the property terminates not later than the last day of the school year unless earlier terminated by the District or upon withdrawal from the District. A **fee of \$10 per day** may be assessed for devices not returned according to the terms of this Agreement and the Assigned Technology Device Handbook.

Appropriation: _____ Your failure to return the property in a timely manner and the continued use of it for non-school purposes without the District's consent may be considered unlawful appropriation of the District's property.

Insurance: _____ I have read and understand the Technology Device Insurance document and agree to the conditions described for student use of District technology devices. By waiving my right to insurance, I do understand that I am financially responsible for all applicable repairs and replacement costs should the device be damaged, lost or stolen. I also understand that I no longer have the option to purchase insurance during the current school year.
_____ I DO wish to obtain Insurance _____ I DO NOT wish to obtain Insurance

Waiver: _____ I give permission for District 70 to share information from my Free and Reduced Priced Meals Application to reduce or waive the device insurance fee.

Signatures:

Parent or Legal Guardian Signature

Student Signature

Date

WHITE: ITS-ER Copy

YELLOW: Parent-Student Copy