

District Issued Mobile Device Agreement Form

PLEASE RETURN THIS FORM TO YOUR SCHOOL. THIS FORM and the Acceptable Use Agreement Form MUST BE SIGNED AND RETURNED by BOTH PARENT and STUDENT FOR THE STUDENT TO RECEIVE A DISTRICT ISSUED MOBILE DEVICE.

Student Last Name: _____ First: _____ Grade: _____

Student Number: _____

DISTRICT ISSUED MOBILE DEVICE AGREEMENT

District Issued Mobile Device for School Year 2025-2026

A non-refundable \$50 technology fee is **required** for District Issued Mobile Devices. Students and parents must pay the technology fee prior to taking possession of the device.

Not Covered by Technology Fee

Students will be responsible for the entire cost of replacement or repair for any District Issued Mobile Device damaged through loss, misuse, abuse or intentional damage. See Mobile Device Guide for detailed information.

By signing below, parent and student have agreed to the following:

- I would like to receive a District Issued Mobile Device and agree to pay the \$50.00 technology fee.
- I agree to pay the school/district cost to repair or replace the device or accessory if the item becomes lost, misused, abused or deemed not covered by the technology fee.
- I agree to follow all HCSD mobile device usage rules as stated in the Mobile Device Guide and the Acceptable Use Agreement.
- I agree that I understand and consent to the responsibilities outlined in the HCSD Mobile Device Guide.

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Amount Paid: _____ Balance: _____

Cash: _____ Check: _____ Credit Card: _____ Exp: _____

Accepted by: _____ Date: _____

HCSD Barcode # _____

HCSD Serial # _____

Hampton County School District

Hampton County School District (HCSD) is committed to preparing students to be active participants of the 21st century workforce as outlined in the Profile of the South Carolina Graduate. In order to provide students with the necessary tools for 21st century education, HCSD is pleased to provide a District Issued Mobile Device for every student. Student devices are HCSD property and all users will follow the Acceptable Use Policy and Mobile device guide. In order to protect the financial investment, students will be held responsible for any damages that occur.

ALL STUDENTS will be issued a HCSD mobile device along with their textbooks for use at school and / or home.

Please indicate below if you chose to refuse paying the technology fee.

TECHNOLOGY FEE: \$50 per year [See attached agreement]

- Software corruption and reinstall / reimaging - unlimited
- Accidental Damage
- Total loss related to house fire, tornado, hurricane, or other act of God – unlimited with documentation of the event causing the loss.

TECHNOLOGY FEE REFUSAL:

By signing below, I, as the parent/legal guardian of the student named herein, acknowledge that I have read, understand, and agree to the terms and conditions set forth in both the Acceptable Use Agreement and the District-Issued Mobile Device Agreement. I further understand that a district-issued mobile device is required for my student's instruction. I acknowledge and agree that my refusal to pay the specified technology fee will result in my sole financial responsibility for the full cost of any and all damage to the device, regardless of whether such damage occurs on school premises or elsewhere. This responsibility for damages applies irrespective of the location where the damage occurs (e.g., school, home) and covers all forms of damage, including but not limited to these common examples listed below.

Lost, Stolen, or Damaged Beyond Repair - Maximum \$1010

Broken Screen – Up to \$400

Broken Keyboard – Up to \$150

Lost Power Cord – Up to \$50

By signing below, I am refusing to pay the technology fee and will pay the entire amount for any damage, whether the device is at school or off school property.

PLEASE PRINT CLEARLY

Student Name (Please Print): _____

Student Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____