Radnor High School

130 King of Prussia Rd.
Radnor, PA 19087
610-293-0855

Invest in Excellence

2026-2027 Radnor High School Laptop Participation Form (Class of 2027-29)

STUDENT NAME: _____ ID# _____ GRADE: _____

All families should complete this form to indicate participation in the laptop program.

Program Participation (check one)

☐ My child **will participate** in the Radnor High School Microsoft Surface Go 1:1 Device Program and agrees to receive and care for a Microsoft Surface Go device. $139 is due annually. At the conclusion when $556 is paid in full, the device will be gifted to the student upon graduation.

OR

☐ My child **will not participate** in the 1:1 program and will bring their own personal device (BYOD) to school. The device the student will bring to school will comply with the minimum requirements outlined on our district webpage. Information can be found using the following link: https://www.rtsd.org/people/departments/technology/surface-go-and-byod

OR

☐ A financial hardship prevents my child from participating in the Radnor High School Device Program. (Requires Principal Approval)

Office Use Only:
Principal Approval: ___YES ___NO Date:_____
Signature:_____

Student & Family Agreements

☐ We agree and will comply with the Radnor Township School District Laptop Program or BYOD program procedures, RHS Handbook, and District policies 815 (Acceptable Use), 224 (Care of School Property), and 829 (Personal Electronic Communication Devices).

Print Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Student Signature: _____

**Students MUST bring this completed form in order to receive a device.*

☐ Check this box if you do **NOT** have internet access at home.

Office Use Only:
Date: _____
Method: **Cash**_____|**Ck#**_____|**MySchoolBucks**_____
Amount: _____
Staff Initials: _____