BARNESVILLE PUBLIC SCHOOLS | ISD #146

iPad Technology Agreement

Voluntary Protection Plan | 2026-2027 School Year

OPTIONAL PLAN

School-Issued iPad

Barnesville Public Schools provides iPads for educational use. Each iPad remains the property of ISD #146, may be inspected at any time, and is subject to district policies. Students and parents/guardians should not expect privacy when using a district-issued device.

24/7 Content Filtering

All school-issued iPads include content filtering that operates at school and at home at no cost to families. Because no filter blocks all unwanted content, parents/guardians remain responsible for monitoring their student's use outside school.

VOLUNTARY PROTECTION PLAN

$35 PER IPAD | $100 FAMILY MAXIMUM

Enrollment is entirely optional. The plan covers one incident of accidental damage during the 2026-2027 school year.

- The $35 enrollment payment is nonrefundable.
- Coverage ends after one covered repair. A family may restore coverage for one additional incident by reenrolling and making another $35 payment.
- Intentional damage, negligence, loss, and theft are not covered. The family is responsible for the full repair or replacement cost.
- Loss or theft must be reported to the school and law enforcement; a police report is required.

IF YOU DO NOT ENROLL

Your student will still receive a filtered iPad for required school use. The family accepts full financial responsibility for damage, loss, theft, repair, or replacement. A typical broken-screen repair has averaged approximately $100. Choosing not to enroll does not affect device access, grades, diplomas, or required coursework.

CONFIDENTIAL FINANCIAL ASSISTANCE

If the plan cost creates a hardship, it can be reduced or waived, or a payment arrangement can be made. Contact the building principal confidentially.

ACKNOWLEDGMENT AND SELECTION - 2026-2027

Student Name: _____ Grade: _____

Please select one option:

- ☐ I elect to enroll in the Voluntary Protection Plan and understand the annual enrollment cost is $35 per iPad (family maximum of $100).
- ☐ I decline the Voluntary Protection Plan and accept full responsibility for repair or replacement costs.
- ☐ I request confidential contact from the building principal about a reduced or waived plan cost or a payment arrangement.

I have read and understand this agreement. I understand that the protection plan is voluntary, and I accept responsibility for monitoring my student's iPad use outside school.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____