

# 2024-25 Grade 7-12 Laptop Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student ID # \_\_\_\_\_

## **Fees:**

\_\_\_\_\_ \$ 35 Yearly Technology fee is paid Check #: \_\_\_\_\_ or Cash: \_\_\_\_\_

Fee is required for school or personal owned computer, is non-refundable and required by all.

In the case of breakage, lost or stolen machine, a second technology fee will be assessed, (in addition to possible repair /replacement fees).

## **Laptop information – to be filled out by school personnel:**

FB Computer Number: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Power Supply # \_\_\_\_\_

\*Check list of dispensed equipment: (student will pay full cost for any equipment not returned at the end of the year or lost during the year. All checked items must be returned with laptop)

Computer Sleeve Case \_\_\_\_\_

External Mouse \_\_\_\_\_ Other \_\_\_\_\_

Please list any pre-existing conditions you find relevant on your assigned laptop:

# **2024-2025 SIGNATURE PAGE**

## **STUDENT SECTION**

- ✓ I have read the school district's Computer Agreement and the Acceptable Use Policy.
- ✓ I agree to follow the rules contained in this policy.
- ✓ I understand that if I violate the rules my account can be terminated and my computer forfeited.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT OR GUARDIAN SECTION**

- ✓ I have read the school district's Computer Agreement and the Acceptable Use Policy. (If internet access is provided at home I will supervise my child's use of the system in accordance with the acceptable use policy).
- ✓ I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.
- ✓ I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.
- ✓ I give permission to issue an account for my child and certify that the information contained in this form is correct.

Print Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## **STUDENT PUBLIC VIEWING PERMISSION / MEDIA**

Please indicate your choice below:

\_\_\_\_\_ My student's name and/or picture may be used in academic and/or sports highlights in media venues, including newspaper and school-related social media.

\_\_\_\_\_ My student's name and/or picture may **NOT** be used in academic and/or sports highlights in media venues, including newspaper and school-related social media.