



STUDENT/PARENT CHROMEBOOK AGREEMENT SIGNATURE PAGE

To be completed, signed and returned to your building principal before receiving your equipment

Student Information

Last Name _____ First Name _____ MI _____
Building _____ Grade _____ Student ID Number _____

Parent Information

Last Name _____ First Name _____

Student Agreement for Chromebook Use

I, _____, (print student's first/last name) agree to the following:

- I have read the AGASD Internet Acceptable Use Policy and the Chromebook Handbook. I will follow all of the school policies and this handbook at all times, while at school as well as outside of the school day.
• I understand I am responsible for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect or intent.
• I will notify the Technology Department and/or administration in case of damage, theft, vandalism, and loss of device within 24 hours; further I will file a report with local police or school resource officer in case of theft, vandalism, or loss of device within 48 hours.
• I agree to return the District Chromebook, power adapter, cord and any accessories provided by the District in good working condition at the end of the school year, if I am removed to an alternative education placement, or withdrawn from AGASD.
• I understand I must clear all fees before participating in school related events, including attendance at sports, dances, and graduation.

Parent/Guardian Agreement

I, _____, (print parent's first/last name) agree to the following:

- I have read the AGASD Internet Acceptable Use Policy and the Chromebook Handbook. I will follow all of the policies and regulations included the policy and the handbook at all times, and will hold my child accountable to these policies and regulations.
• I understand that this Chromebook is designated for educational purposes and therefore my child's violations this agreement may be cause for the removal of his/her Chromebook privileges.
• I assume financial responsibility for any damage, vandalism, loss, or theft of the Chromebook, power adapter, cord, and accessories whether due to accident, neglect, or intent. Further, I understand if my child accidentally or purposefully damages or breaks another student's Chromebook, power adapter, cord, or accessories, I am financially responsible for all expenses related to repairs or replacement. I understand I have an option to purchase a \$30 Insurance Protection Plan (IPP), good for one accidental incident (per School Year).
• I will assume full responsibility for any harmful or illegal content on the Chromebooks and will monitor my child's use of the device at home.
• I understand that the Chromebooks are District owned devices and all content stored on the Chromebook is subject to review at any time.
• I accept these responsibilities when I accept a Chromebook on loan from the District.

If my student fails to return to the District the Chromebook, power adapter, cord, and accessories provided by the District at the end of the school year, enrollment to Alternative Education, or upon termination of enrollment in the Albert Gallatin Area School District, I will pay the replacement cost of the Chromebook, power adapter, cord, and accessories provided by the District. Failure to do so may result in a criminal and/or civil court prosecution.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Parent/Guardian Insurance Agreement

****This page must be printed and turned into AGASD before receiving a Chromebook****

Last Name of Student	First Name
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Home Address

City, State, and Zip

Home Phone	School and Grade
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_____ **YES**, I would like to participate in the Insurance Protection Plan.

_____ **NO**, I decline the IPP service at this time, and understand I am responsible for 100% of any damage or loss to the loaned Chromebook. The current replacement cost of a Chromebook, power adapter, and cord is between \$230-\$290, depending on the model.

Parent Signature	Date
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FOR INTERNAL USE ONLY

DATE PAID _____ RECORDED BY _____

CHECK No. _____ ONLINE (Credit/Debit Card) _____

Payable to "Albert Gallatin Area School District"

Supporting Documents Received ___ Recorded by: _____

Approved ___ Denied ___ Administrator's Signature: _____