

1-To-1 Computing

**LITCHFIELD PUBLIC SCHOOLS DISTRICT
OWNED DEVICE PROGRAM**

STUDENT/PARENT/DISTRICT AGREEMENT

Student name:	Student Grade:
Parent name:	
Student address:	
Parent address:	
Parent home number:	
Parent email address:	

WE ACCEPT A DISTRICT-OWNED DEVICE

Our signatures below indicate that we have read and understand all aspects outlined within regarding Litchfield Public Schools District Owned Device Program.

Our signatures also indicate that we have read and understand the Litchfield Public Schools One to One Computing Policy (Board Policy No. 5131) and Technology Policy (Board Policy No. 5131.4). These policies are incorporated by reference into this agreement.

We agree to abide by this agreement and understand that receipt of a Litchfield Public Schools device is a privilege that may be forfeited by noncompliance with the policy.

We understand that our one-time user fee is non-refundable. This user fee does not cover intentional damage, loss or theft. Checks should be made payable to "Litchfield High School."

WE WILL NOT ACCEPT A DISTRICT-OWNED DEVICE

We choose not to accept a district-owned device. We understand that:

1. The technology department cannot provide wireless service or other services to a privately owned device;
2. We cannot load any district-owned software to a privately owned device;
3. Privately-owned devices that result in a disruption to the school environment may be confiscated and released to a parent.

STUDENT signature

Date

PARENT signature