

Knox County Schools Technology Device Agreement

| | Name of Parent or Guardian | Name of Student |
|---------|---|---|
| Phone: | | |
| Address | SS: | |
| Student | t, initial each line: | |
| | | ology Device Procedures and Expectations" document |
| | (Appendix A attached). | |
| | I accept responsibility for using the technology devi | ce at school and outside of school hours. |
| | I understand that this technology device may be collected and inspected. | |
| | _ I agree to keep this technology device in my possession at all times. I will not give or lend it. | |
| | _ I will return the technology device to the school whenever I am asked to do so by school personnel. | |
| | _ I will carry the technology device in the provided protective covering to minimize the chances of dar | |
| | I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in | |
| | accordance with KCS Board Policy. | |
| | I understand that if this technology device is lost or | stolen, I will immediately notify school administration |
| | I understand that my parents/guardians and I are res | ponsible for costs associated with loss, damages, or |
| | theft of the technology device. | |
| | I agree to return the technology device, charger, and | protective covering in good working condition to the |
| | school at the conclusion of the school year or if I lea | eve the school. |
| | I agree to bring the technology device charged to class every day. | |
| | I understand that failure to comply with any of the guidelines and policies may result in suspension | |
| | use of the technology device. | |

Technology Device Deployment Check Sheet (Bearden High School Passport Verification)

| , | | Stamp/Sign-Off |
|---------------------------------|--|----------------|
| Pre-Dawg Days Tasks | Online MacBook Deployment Orientation video Signed Deployment Paperwork | X |
| Station 1 (West Mall) | • Sign-In | |
| Station 2 (West Mall) | Technology Device Agreement Paperwork Drop-Off | |
| Station 3 (Cafeteria) | Yearbook Photo | |
| Station 4 (Library) | Charger/Case Pick-Up | |
| Station 5 (East Mall) | Device Pick-Up | |
| Station 6 (Room 315) | Device Password/Login Check Aspen Schedule Check | |
| Station 7 (Business Hallway) | Passport Check | |
| Station 8 (Math Hallway) | Parking Passes | |

Device Inspection: Please annotate any exterior issues with the device, if any.

Functional Damage should be reported to the technician by Friday, September 2 to be documented for the 2016-2017 school year.







