



# Knox County Schools Technology Device Agreement

School Name: Bearden High School

Date: \_\_\_\_\_

Agreement between the Knox County Schools and:

\_\_\_\_\_  
(Name of Parent/Guardian)

\_\_\_\_\_  
(Name of Student)

Phone: \_\_\_\_\_

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

\_\_\_\_\_

**Student, please initial each line below. DO NOT USE CHECK MARKS.**

\_\_\_\_\_ I have read, understand, and will follow the “Technology Device Procedures and Expectations” document (Appendix A attached).

\_\_\_\_\_ I accept responsibility for using the technology device 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 damage.

\_\_\_\_\_ 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 responsible 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 leave 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 of the use of the technology device.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Signature)