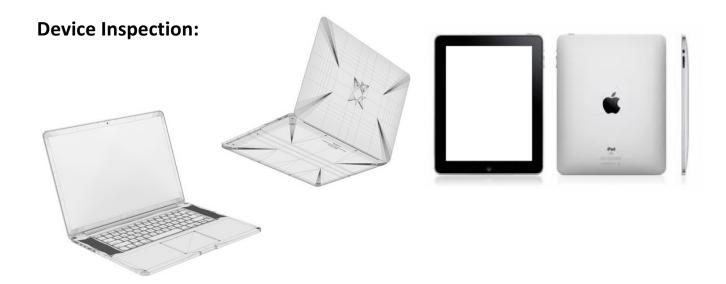


Technology Device Agreement

School Name:		Date:	
Agreeme	ent between the Knox County Schools and:		
	Name of Parent or Guardian	Name of Student	
Phone:		Student ID	
Address	:		
Student,	initial each line:		
	I have read, understand, and will follow the	"Technology Device Procedures and Expectations" documer	
	(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 person		
	I will carry the technology device in the pro-	vided protective covering to minimize the chances of damage	
	I will not use the technology device, in or ou	ut of school, for inappropriate or unlawful purposes in	
	accordance with KCS Board Policy.		
	I understand that if this technology device is	s 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, char	ger, and protective covering in good working condition to th	
	school at the conclusion of the school year of	or if I leave the school.	
	I agree to bring the technology device charg	ed to class every day.	
	understand that failure to comply with any of the guidelines and policies may result in suspension of the		
	use of the technology device.		
Parent or	r Guardian Signature	Student Signature	



Please annotate any exterior issues with the device, if any. The laptop image is not for a specific brand and should be used for any device.

Functional Damage should be reported to the technician by Friday, September 7 to be documented for the 2018-2019 school year.