

## Technology Device Agreement

School N	Name: Date:
Agreement 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" 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 or 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.