



Technology Device Agreement

School 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

Device Inspection:



**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 6
to be documented for the 2019-2020 school year.*

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