

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Technology Device Agreement

**By signing this document, I agree to the following requirements and conditions and accept financial responsibility for loss or damage of this device.**

- 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 not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with Knox County School Board Policy.
- I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- If insurance offered by Knox County Schools is refused, I understand that my parents/guardians and I are responsible for costs associated with damages of the technology device.
- I understand that my parents/guardians and I are responsible for costs associated with total loss 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 understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.
- I agree that my child will follow Knox County Schools policies for Acceptable use of the device both at school and at home.
- I understand that my child may be asked to submit the device throughout the year for a "health check" to inspect it for damages.

### [Knox County School Board Policy I-222 - Internet Safety](#)

- I agree to the terms of the 'Technology Device Agreement'
- I DO NOT agree to the terms of the 'Technology Device Agreement'

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_