



Technology Device Agreement

School Name:

Date: _____

Agreement between the Knox County Schools and:

Name of Parent or Guardian Name of Student

Phone:

Address:

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 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 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