



Washington Township Public Schools 1:1 Laptop Computer Initiative Student Guidelines Agreement

Please fill out, sign, and return this agreement when your student comes to pick up their laptop.

- All students must submit this completed form in order to receive a laptop.
* (Families with multiple WTPS students must complete one form per student.)

By signing below I acknowledge and agree with the following statements:

- I have carefully read and will comply with the WTPS 1:1 Laptop Computer Initiative Student Guidelines, Student Acceptable Use of Computer Network/Computers and Resources Policy and Regulations #2361 and School District-Provided Technology Device(s) To Pupils Policy # 7523 as published on the WTPS website.
- I understand that laptops that are found to be damaged due to misuse, deliberate damage, and/or neglect regardless of optional insurance coverage will result in the students/parents/guardians of the responsible party being charged a fee up to the full replacement cost of the laptops.
- Each student is issued a laptop, a battery, and a charger that must be returned in working order prior to graduating, transferring, or leaving school. Failure to return each of these items will result in a charge up to the full replacement cost of the laptop issued to the student and their parents/guardians.
- Insurance is available through the District for student issued laptop computers. This insurance is optional and meant to protect against accidental damage and theft of the laptop computer issued to your student.

By signing below, I acknowledge that I have read and understand the Washington Township Public Schools 1:1 Laptop Initiative Student Guidelines and acknowledge and agree with the guidelines as stated above.

Student Printed Name: _____ Grade: _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____ Date: _____

Parent/Legal Guardian Signature: _____

For Administrative Purposes Only: Device Details

Device Model: _____ Device Serial #: _____ Asset Tag #: _____

Date issued: _____ Condition: _____ Insured: Yes _____ No _____

Optional Insurance Payment Information

Cost: \$65.00/year _____ Yes, I want the optional insurance. _____ No, I decline the optional insurance.

Check or money order #: _____ (No cash will be accepted. Checks or money orders to be made payable to: "Washington Township Board of Education". Checks or money orders must be hand delivered with the signed agreement when picking up laptop.)