

Buhl School District's policy regarding district-provided mobile computing devices is available on the web at <http://www.buhlschools.org> or by contacting the high school office at 208-543-8262. **Please complete and sign this form and return it when you register.**

Buhl School District No. 412

STUDENTS

3275FA1

MOBILE COMPUTING DEVICE/INSURANCE AGREEMENT

This Agreement is valid for the 2018-2019 school year only.

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Buhl District's policies regarding District-provided mobile computing devices (Policy No. 3275). Should any violation or misuse of the device occur while it is in my custody, I understand and agree that I may lose access to the device, or may lose the privilege of taking it home, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person.

I accept full responsibility for the safe and secure handling of the device for this school year. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to a teacher or administrator.

User's Name (Print) _____ Home Phone: _____

User's Signature: _____ Date: _____

Address: _____

Status: I am 18 or older I am under 18

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian: If the applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.

As the parent/guardian of the above student, I understand my child's responsibility in the use and care of the device and my financial responsibility in the event my student loses the device or is found to be the cause of deliberate or negligent damage to it. I understand that if he or she is found to be responsible for deliberate or negligent damage or for the loss of the device, I will be financially responsible for reasonable repair/replacement cost. I understand that I may pay \$20 for insurance to cover the cost of any accidental damage to the device or cover, up to 3 claims per year.

I have read the District Policy No. 3275 and explained it to my child. I understand that if any violation or misuse of the device occurs while it is in my child's custody, his or her access privileges to the internet or use of a mobile computing device can be suspended or terminated, that he or she will forfeit any fees paid for use

of the device, and that he or she may face other disciplinary measures, regardless of whether the misuse was committed by him or her or by another person.

I also understand that I will be responsible for monitoring my student's use of the device outside the school setting.

_____ I do not wish my son/daughter to take the device home at this time.

_____ I do not wish to have the \$20 insurance. I realize that I am fully responsible for the cost of any repairs necessary to the device.

Parent/Legal Guardian (Print): _____

Signature: _____

Home Phone: _____

Address: _____

Date: _____