



Device Usage and Distribution Agreement

Barcode: _____

By accepting possession of the Isle of Wight County Schools-issued tablet/computer device (“device”), I understand that I am also accepting the following responsibilities for the use and care of this device. I understand the following:

- The device is property of Isle of Wight County Schools (IWCS)
- The device is subject to inspection and search at any time by school employees.
- I am accountable for my child’s device at all times and take full responsibility for all damages or loss.
- I am accountable for proper care of my child’s device. Steps I will take to care for the device include, but are not limited to, keeping device in the protective case provided by IWCS at all times, avoiding consumption of food and beverages near device, avoiding the use of sharp objects that may damage the device, and protecting device serial/ manufacturer numbers.
- The device must not be left unattended at any time or used near water.
- I am to refrain from loaning my device, charger, case, cords or other utensils to any other individual.
- I am not to delete or make changes to any school installed application or software on the device.
- I am to follow the IWCS Acceptable Use Policy at all times.
- I will ensure my child brings the device to school fully charged each day.
- I am to report any damage, theft, loss or vandalism to school administration immediately.
- I must report any knowledge of inappropriate use of my device to a school designee.
- I agree to return the device, case, charger, power cords, and any other accessories issued to me in connection with the device in good working condition at the end of the school year, upon leaving IWCS or when my user privileges are revoked.
- I will ensure my child understands and abides by these responsibilities for the use and care of the device.

Please select which option you choose for your child – CHOOSE ONE

_____ I grant permission for my child to be issued an IWCS device. I understand that by granting permission, my child will be transporting the device to and from school and I am responsible for all supervision of internet safety usage outlined in the IWCS Acceptable Use Agreement Policy and Regulation IIBEA/GAB and IIBEA-R/GAB-R and the School Code of Conduct. **Upon completion of the current academic year or student withdrawal from the school, you have a maximum of 7 days to return the technology device. After the 7 days have expired, the technology device may be considered stolen and the issue may be turned over to law enforcement.**

_____ I do not grant IWCS permission to issue my child a device.

Protection Information – PLEASE READ AND ANSWER ALL THREE SECTIONS

Isle of Wight County Schools has partnered with Worth Avenue Group to offer an insurance protection plan for device. The plan will cover the full cost of accidental damage to the loaned device. However, deliberate misuse, abuse or loss of the device remains the full responsibility of the student/parent and will not be covered under the device insurance protection plan. **In cases of misuse, abuse, or loss of the device, the parents/guardians will be responsible for the full cost of repair or replacement of the device.**

_____ I understand that I have an option to purchase a protection plan to cover the cost of replacing the device if the damage qualifies for coverage based on the conditions listed in the insurance plan. **Please contact your child’s school for more information.**

_____ I understand that I will be responsible for paying any fees related to the loss of or major damage to the device, charger, cord and/or case at the current replacement rates from Apple/Dell (www.apple.com/ / www.dell.com).

A Group insurance plan <i>MAY</i> be an option should enough parents be interested. (e.g. apx \$30 for iPad, apx \$60 for MacBook).	
_____ Yes, I am interested in additional information	_____ No, I am not interested

I have read and discussed the Acceptable Use - Device Usage and Distribution Information with my child.

Parent/Guardian Signature: _____ Date: _____

Print Name _____

Print Student Name _____