

CASTON SCHOOL CORPORATION

STUDENT/PARENT (Guardian) iPad AGREEMENT FORM

Student Name: _____ Grade: _____

Parent Name: _____

Home Address: _____

Home Town: _____ Home Zip: _____

All 7-12 grade students at Caston School Corporation are issued an iPad device for their educational use for the school year. It is our belief that if reasonable precautions and care are taken in the use of the iPad, the iPad should not experience physical damage. Each student and parent is asked to read this form carefully as well as the iPad Care and Procedures and Procedures. The parent and the student should initial next to each statement that follows, and sign at the appropriate location on page 2 of this document.

Use of Proper Care and Precautions

Personal Responsibilities

	Student Initials	Parent/ Guardian Initials	
1			I/We understand that the iPad and its accessory equipment are the property of Caston School Corporation.
2			I/We understand that the student, with the support of the parent, is responsible for the daily care and maintenance of the iPad.
3			I/We understand and agree to abide by the rules and regulations of the CSC Technology Acceptable Use Policy. Failure to abide by this policy will result in disciplinary action.
4			I/We understand that the iPad will be returned at the corporation's discretion for upgrades and maintenance.
5			I/We understand that I/we must report all iPad damages or the theft/loss of the device to the building designee immediately and a police report filed for theft.
6			I/We understand that the iPad must be in the CSC case at all times as a reasonable precaution against damage.
7			I/We understand that I/we will be responsible for all repair/replacement charges associated with iPad damages caused intentionally, through a lack of reasonable precautions or loss/theft. Cost will be set by repair professionals authorized to act in such a capacity as part of the agreement between the school district and the manufacturer.
8			I/We understand that, unless instructed otherwise by a teacher, all students must have their fully charged iPad device with them each day for every class.

Insurance and Maintenance Programs

Insurance Coverage/Accidental Damage/Theft & Loss Coverage

	Student Initials	Parent/Guardian Initials	
1			I/We understand that each iPad includes limited insurance coverage for Accidental damage.
2			I/We understand that in order to receive ADP coverage, damages must result from an accident. Details of the accident must be submitted with every accidental damage claim.
3			I/We understand that if, in the opinion of the building administration/technology department, it is felt that the student did not exercise proper care and/or take appropriate precautions, and this behavior resulted in damage to the iPad, the cost of the repair/replacement will be the responsibility of the student/parent.
4			I/We understand that in the event there are repeated "accidents" of a similar nature, the school administration may view this as a situation whereby the student did not exercise proper care and/or reasonable precautions. In the event this should be the case, the cost of the repair/replacement will become the responsibility of the student/parent.
5			I/We understand that in the event the iPad is stolen, I/we must contact the school administration immediately. I/We understand that a police report must also be filed.
6			I/We also understand that in the event that the iPad is stolen or lost, regardless of the circumstances, I/we will be responsible for the full replacement cost of the iPad.
7			I/We understand that if the iPad is not returned to the school corporation upon withdrawal or school year end, then failure to return the iPad will be considered conversion/theft and reported to the proper authorities.

CSC reserves the right to amend this agreement at any time.

A signature below signifies that the student and parent has read and acknowledges the above.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

CSC District use only:

Initials of Dist. Staff Member receiving form: _____

Date received: _____