



Learning Technology Plan Parent and Student Agreement

Student name: _____

Grade Level: _____

School: _____

Student ID number: _____

Initial your choices below, then sign this form.

Participation in the Learning Technology Plan

Please select one

_____ I elect to receive an iPad mini through the Learning Technology program.

_____ I elect to BYOD (Bring Your Own Device, an iPad capable of running a current version of iOS). I understand I am responsible for all repairs and maintenance, including theft, damage and loss to our own device.

Apple ID

_____ I have created (or will use an existing) an Apple ID to download apps for this device.

Learning Technology Plan Insurance Participation

Information about the optional iPad Insurance program is available from your school.

Parent Agreement

_____ I have read and agree with the Parent and Student Expectations and Commitments. I understand both my and my child’s responsibilities and that the issued iPad (and any accessories) are the property of SVVSD.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Agreement

_____ I have read and agree with the Student Expectations and Commitments and understand my

responsibilities.

Student Name: _____

Student Signature: _____

Date: _____

For school use during distribution

_____ I have received an iPad mini and associated accessories.

Asset tag # _____