

## Parent and Student Agreement

### Learning Technology Plan

**Student name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Student ID number:** \_\_\_\_\_

*Initial your choices below, then sign this form.*

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### Participation in the Learning Technology Plan

*Please initial one*

\_\_\_\_\_ I elect to receive an iPad mini through the Learning Technology program. I understand the iPad mini belongs to the school district and is provided for my use to support my learning.

OR

\_\_\_\_\_ 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.

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### Learning Technology Plan Insurance Participation

\_\_\_\_\_ I have been provided information about the optional iPad Insurance program.

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### Agreement

\_\_\_\_\_ We have read and agree to abide by the Parent and Student Expectations and Commitments.

\_\_\_\_\_ We understand that the iPad and accessories are and remain the property of SVVSD and that this agreement is in alignment with Board policies JQ-R and JS (<http://bit.ly/PolicyJ>).

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### For school use during distribution

\_\_\_\_\_ I have received an iPad and associated accessories. Asset tag # \_\_\_\_\_