Parent and Student Agreement
Learning Technology Plan

Student name: _______________________________ Grade Level: __________
School: _______________________________ Student ID number: ______________

Initial your choices below, then sign this form.

Participation in the Learning Technology Plan

Please initial one

____ I elect to receive an iPad through the Learning Technology program. I understand the iPad 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.

Learning Technology Plan Insurance Participation

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

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: ________

For school use during distribution

____ I have received an iPad and associated accessories. Asset tag # __________