

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 # _____