

**Twin Falls School District #411
Mobile Computing Device Use Agreement**

201 Main Avenue West
Twin Falls, Idaho 83301

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This Agreement is valid for the 2020-2021 school year only.

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Computing Device and Network Acceptable Use Policy regarding district-provided computing devices. Should any violation or misuse of the device occur while it is in my custody, I understand and agree that I may lose access to the device, or may lose the privilege of taking it home, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person.

I accept full responsibility for the safe and secure handling of the device for the school year listed above. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to a teacher, administrator, or IT personnel.

User's Name (Print): _____ Home Phone: _____

Device Serial Number: _____

User's Signature: _____ Date: _____

Address: _____

Status: ___ I am 18 or older ___ I am under 18

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

Parent or Legal Guardian: If applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement.

As the parent/guardian of the above student, I understand my child's responsibility in the use and care of the device and my financial responsibility in the event my child loses the device or is found to be the cause of deliberate or negligent damage to it. I understand that if he/she is found to be responsible for deliberate or negligent damage or for the loss of the device, I will be financially responsible for reasonable repair or replacement costs.

I have read the Computing Device and Network Acceptable Use Policy and explained it to my child. I understand that if any violation or misuse of the device occurs while it is in my child's custody, his/her access privileges to the Internet or use of a mobile computing device can be suspended or terminated, that he/she will forfeit any fees paid for use of the device, and that he/she may face other disciplinary measures, regardless of whether the misuse was committed by him/her or another person.

I understand that I will be responsible for monitoring my child's use of the device outside the school setting.

I do not wish my son/daughter to take the device home at this time.

Parent/Legal Guardian Name (Print): _____ Home Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

Address: _____