

# Atlantic High School

## Terms and Conditions of the Student Technology 1:1 Device Program

### Asset Responsibility Form

Check one box.

**A**  WE WISH TO PARTICPATE in the AHS 1:1 Technology Initiative and request authorization for the student below to be issued a device and be allowed to take it from class to class **while at school only**.

OR

**B**  WE WISH TO PARTICPATE in the AHS 1:1 Technology Initiative and request authorization for the student below to be issued a device and be allowed to take it from class to class **while at school and to take home** after school hours.

By signing this form, the undersigned acknowledges full responsibility for all information listed.

**Student and Parent/Guardian will:**

1. Abide by the Volusia County Schools Electronic Information Services Acceptable Use Agreement.
2. Be responsible for the asset's physical condition and will safeguard the device from unauthorized use.
3. Agree to the program rules contained in Atlantic High School's Student 1:1 Technology Initiative Terms and Use Conditions document.
4. Agree to participate in the Atlantic High School's Student 1:1 Technology Initiative Terms by paying the Maintenance Fee as described in the Terms and Conditions.
5. Acknowledge the guidelines listed below referring to lost, stolen or damaged devices:
  - a. Parents/guardians of students who have lost, stolen or damaged devices are responsible to pay the net book value (determined by AHS) for that device (and all accessories) or the cost of the repair (if damaged) whichever is lower applies.
  - b. Parents/guardians further agree to reimburse Atlantic High School for the outstanding balance within 30 days of loss or damage (but no later than the end of the current school year whichever is sooner).

Student's Name		Parent's Name (First & Last)	
Graduation Year		Parent's Email	
		Student's E-mail	
Alpha Code		Home address: Street	
Parent's Phone		City, State, Zip	

**C**  WE **DO NOT** WISH TO PARTICIPATE IN THE AHS TECHNOLOGY DEVICE 1:1 PROGRAM. STUDENTS WHO CHOOSE NOT TO PARTICIPATE IN THIS PROGRAM MAY BE GIVEN ACCESS TO DISTRICT-OWNED TECHNOLOGY DEVICES AT SCHOOL BUT WILL NOT BE PERMITTED TO REMOVE THE TECHNOLOGY DEVICES FROM THE CLASSROOM AT THE END OF EACH CLASS PERIOD.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agreement of Atlantic High School's Terms and Conditions**

As the parent or guardian of this student, I have read, understand, and agree to Volusia County Schools Electronic Information Services Acceptable Use Agreement for use of Atlantic High School's Digital. Additionally, I also understand that if any person uses the 1:1 device (while on or off the Atlantic High School campus), the responsibility of care and payment still remains with the student.

Printed Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1<sup>st</sup> Period Teacher: \_\_\_\_\_

\*\*\*\*\* For office use only \*\*\*\*\*

VCS Number	85 ____	Device Make/Model	Lenovo Thinkpad x140E
		Device has cover/case ?	Y/N
Barcode	4006400814 ____	Device is in good working order?	Y/N
Device SN	PBO1 ____	Parent or guardian signed the AUP?	Y/N

Notes: