



GRISWOLD PUBLIC SCHOOLS

267 SLATER AVE
Griswold, CT 06351

2023-2024 One-to-One Device Program Acceptable Use Agreement Grades 1 thru 12

REQUIRED TO BE FILLED OUT AND RETURNED

I have read the Griswold Public Schools One to One Device Program Guidelines and all referenced Board policies.

1. I understand the procedures and requirements to which my child must comply, including the Responsible Use Policy.
2. I accept responsibility for any damage or neglect that may result from my child while the device is in his/her possession or control, which may result in monetary charges.
3. I understand that my child may lose his/her device privileges and/or incur financial fees as a result of inappropriate behavior, damage, neglect, or loss to any District Device.
4. I understand my child must return the device, power adapter and cable when requested at the end of the school year. I understand that I will be charged for any missing or damaged equipment and cables.

The District's self-insurance program at a cost of \$20.00 annually provides protection in the event of damage to the device. (Up to two incidents covered per year)

If the insurance is unpaid, you will be assuming full responsibility for damage, theft or loss.

Payments can be made online under the Parent Portal or checks can be sent to the main office at the school. Make checks payable to Griswold Public Schools Check Memo Line: Device Insurance: Student Name

If this will cause a financial hardship, please contact the Technology Director Jcurioso@griswoldpublicschools.org or contact your building's Principal.

I understand and agree to the information and terms of the 1:1 device agreement

Print Student Name: _____ Grade: _____

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature:

Date _____

Check Number _____

Cash

Paid Online

I choose **not** to participate and will assume full cost of repair if needed.