

**Chromebook/Tablet Acceptable Use Agreement**

**Griswold Public School District**

I have read the Griswold Public School District Chromebook/Tablet Usage Standards, and Computer Acceptable Use Guidelines.

1. I have read and agree to comply with the Agreement for Use of Griswold Public Schools District Student Chromebook/Tablets.
2. I agree to comply with the Griswold Public School District’s Acceptable Use Policy.
3. I understand that I may lose my Chromebook/Tablet privileges as a result of my inappropriate behavior, and may be financially responsible for damage or loss of any Griswold School District Chromebook/Tablet.
4. I will return the Chromebook/Tablet, power adapter and cable when requested at the end of the school year. I understand that I will be charged for any missing equipment or cables.

\_\_\_\_\_  
Student - Print your name here

\_\_\_\_\_  
Signature and date here

I have read the Griswold Public School District Chromebook/Tablet Usage Standards, and Computer Acceptable Use Guidelines.

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

**Insurance Option:**

Annual insurance policy (self-insured, managed by Griswold Public School District) -- \$20  
Students submit the \$20 insurance payments or Declining insurance and assuming full responsibility for damage, theft or loss of the Chromebook/Tablet/Tablet

**Insurance Option Selection (check one):**

- Annual insurance policy (self-insured, managed by \_\_\_\_\_ School District) -- \$20  
Students submit the \$20 insurance fee with their Fees and Photos payments
- Declining insurance and assuming full responsibility for damage, theft or loss of the iPad/Tablet/Tablet

\_\_\_\_\_  
Parent/Guardian - Print your name here

\_\_\_\_\_  
Signature and date here

Current Address: \_\_\_\_\_ Phone number: \_\_\_\_\_