

Parent/Guardian Name

Bellingham Public Schools

1306 Dupont Street • Bellingham WA 98225-3118 (360)676-6400 • https://bellinghamschools.org

	Student D	evice Check-Out Fo	orm		
		School:			
	Student Inforn	nation 2018-2019 Scho	ool Year		
Student Name		Grade			
Student Number		Birthdate			
Before taking a laptop homoverview and digitally sign	e, students and parents/guardians will in Skyward.	need to read the accept	able use form and student/famil	y respon	sibility
I,	, have	read and agree to the fo	ollowing:		
 "Student and Family 1:1 Technology Handbook". I agree to be polite, considerate, and to use appropriate language. I agree to report and/or help prevent any bullying, abuse, or harm of others. I agree to tell an adult if I read, see, or access something inappropriate, or if I witness inappropriate use of technology. I agree to follow all filters and security measures. I agree to use technology carefully, take care of equipment, and to conserve district resources. I agree not to share my passwords, except with my teacher or parent/guardian (Family Educational Rights and Privacy Act or FERPA) I agree to use only my own files, folders and account. I will not access another individual's files, folders or account without their permission. I agree not to reveal or post personal information belonging to myself or another person (i.e., passwords, addresses, or telephone numbers). I agree to follow copyright laws. Following Federal, State and local laws, Bellingham Public Schools will protect student and employee data. However, I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored and is neither private nor confidential to district/authorized personnel. I understand that if I violate this agreement, the district's policies and procedures, or my student handbook, I may not be allowed to continue to use technology or I may receive other appropriate consequences. 					
Student Name:		Student's Signature		Date:	
we agree and acknowledge I understand that Bel appropriate and responderstand that the I understand that the due to gross negliger I understand that my Bellingham Public S I understand that I was accept responsibility.	that we have read and agree to the following the district will cover the costs associated district reserves the right to charge the cast determined by building adminitive student must return the equipment with chools. Will be charged for any missing or lostly to support my student following the soutside the school day.	esource Acceptable use ed with repair/replacem he user full cost of repastrators. Then requested at the entry pen, case, or power contents.	ent for accidental damage, loss, air or replacement when damage and of the school year or prior to ord.	or theft or loss transfer	is intentional or
Parent/Guardian Name		Parent/Guardian's Signatu	ire	Date:	

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Parent/Guardian's Signature

Date: