PINELLAS COUNTY SCHOOLS

(Enter Name of Schoo	l Above)	

PARENT (GUARDIAN)/ STUDENT TECHNOLOGY EQUIPMENT RECEIPT AND RESPONSIBILITY FORM

STUDENT FULL NAME:	
ADDRESS:	
-	
HOME PHONE:	OTHER PHONE:
PARENT/GUARDIAN FULL NAME(S):	
ADDRESS:	
DRIVER'S LICENSE or STATE ID #	
HOME PHONE:	OTHER PHONE:
outside of the school campus fo	sipment from the School District identified on the next page ("Equipment") that my child can use reducational purposes. The Equipment is and will remain the property of the School District and must der including any additional property provided (e.g., bag, backpack, computer mouse, etc.) This list is
I understand that the Equipment control the child's use of the Equ	t allows the user to have internet access. It is the responsibility of the parent/guardian to monitor and uipment. Inappropriate use is a violation of the Code of Student Conduct.
possible breaches of security,	trict reserves the right to monitor or access the contents of its computers if it suspects or is advised of harassment, or other violations of other school policies, rules, regulations, directives, or law, or crates to the school or district that its computers may contain information, data, or other intellectual person.
software is prohibited. The Pa service provider licensing agre protections. Violation of any supplied by the District must no	Equipment is licensed to the School District. Any copying, modification, merging or distribution of the rent(Guardian)/Student is responsible for complying with any and all hardware, software and rements, terms of use and applicable state and federal copyright and other intellectual property such licenses, terms or laws shall constitute a violation of this agreement. Additional software not to be installed on the Equipment. The Parent(Guardian)/Student must not intentionally modify network interfere with the functioning of the Equipment.
` ,	nust not intentionally transmit viruses and other malicious computer programs via the Equipment. The not Intentionally alter or attempt any mechanical repairs on computers or other technology Equipment.
I am responsible to return the leader to perform maintenance a School District determines that violation of school policy.	Equipment to School at those times that I am requested to do so in and updates to software. I will also be responsible to return the Equipment if the Pinellas County there has been a violation of this Agreement, including, but not limited to, inappropriate use or other
The School District cannot gua expectation of privacy in the con	arantee that content stored on the Equipment will be private. Users of the Equipment have no stents stored thereon.
	THE EQUIPMENT, PLEASE CHECK BELOW AND COMPLETE THE REMAINDER OF THE FORM, LINE, AND RETURN THE COMPLETED FORM TO THE SCHOOL OFFICE.
☐ I elect to receive, seducational purpose	subject to the restrictions and conditions set forth herein, the Equipment to be used by my child for ses.

underst cost of t cared for	and that the Equ the Equipment if i or properly. If the	ipment, like textbook it is lost, stolen, dama he Equipment is stole	s, is instruc ged or seize en while in i	tional material, ed while in my my care, I und	and that I am legally respon- possession. I am responsible	e in good working condition. I sible for the repair/depreciated to ensure that the Equipment is to file a police report with the e school year.
	☐ I acknowled my child's p		e repair/dep	reciated cost o	f the Equipment if it is lost, stol	en, or damaged while in my or
SCHOO ANY PA DISCO	OL DISTRICT RE ARTY. FURTHE VERED THAT	SERVES THE RIGHER, THE SCHOOL	IT TO ELEC DISTRICT FOR INA	TRONICALLY RESERVES	DISABLE THE DEVICE SO THE RIGHT TO DISABLE	AMAGED BEYOND USE, THE THAT IT CANNOT BE USED BY THE EQUIPMENT IF IT IS ACCESSING INAPPROPRIATE
the Equ 1973. T	ipment and its ob he School Distri	ligation to comply with	h the Americ uals with d	cans with Disatisabilities nece	pilities Act of 1990 and Section	ducational benefits provided by 504 of the Rehabilitation Act of diffications that permit them to qually integrated manner.
(Parent/Guardian signs unless student is 18 or older) (Date)						
(Student signature)						(Date)
EQUIPN	MENT CHECK IN	/OUT LOG		FOR OFFICIA	L USE ONLY	
Tag #	# Original	Date Out	Date Due	Date Returned	Good Working Condition?	Initials of Administrator/Designee
	Cost		In	Returned	(Y or N*)	Administrator/Designee
*describ	pe condition of eq	uipment:				
PAREN	T/GUARDIAN CO	ONTACT LOG				
Date	Name of staff attempting contact	Method (voicemail, phone call, letter, etc.)	relati studen	me (and ionship to t) of person ntacted	Schools Police contacted? (include date, name)	Result of Contact