PINELLAS COUNTY SCHOOLS

(Enter Name of School 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 for	uipment from the School District identified on the next page ("Equipment") that my child can use or educational 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
	nt 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	strict reserves the right to monitor or access the contents of its computers if it suspects or is advised of the contents, or other violations of other school policies, rules, regulations, directives, or law, or trates to the school or district that its computers may contain information, data, or other intellectual r 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 arent(Guardian)/Student is responsible for complying with any and all hardware, software and elements, 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 be installed on the Equipment. The Parent(Guardian)/Student must not intentionally modify network interfere with the functioning of the Equipment.
` ,	must 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.
	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 gu expectation of privacy in the cor	arantee that content stored on the Equipment will be private. Users of the Equipment have no ntents 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, educational purpo	subject to the restrictions and conditions set forth herein, the Equipment to be used by my child for ses.

underst cost of cared for	and that the Eq the Equipment if or properly. If	uipment, like textbo it is lost, stolen, da the Equipment is s	ooks, is instruc maged or seize tolen 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.
		dge that I must pay possession.	/ the repair/dep	reciated cost o	f the Equipment if it is lost, stol	en, or damaged while in my or
SCHOO ANY PA DISCOV	OL DISTRICT R ARTY. FURTH VERED THAT	ESERVES THE RIER, THE SCHOO	GHT TO ELEC DL DISTRICT SED 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 o he School Distr	bligation to comply ict will provide ind	with the Americ	cans with Disatisabilities nece	pilities Act of 1990 and Section	ducational benefits provided by 504 of the Rehabilitation Act of odifications that permit them to qually integrated manner.
	(F	er)	(Date)			
			(Date)			
EQUIP	MENT CHECK II	N/OUT LOG		FOR OFFICIA	L USE ONLY	
Tag	# Origina	I Date Out	Date Due In	Date Returned	Good Working Condition? (Y or N*)	Initials of Administrator/Designee
*describ	pe condition of ed	quipment:				
PAREN	T/GUARDIAN C	ONTACT LOG				·
Date	Name of staff attempting contact	Method (voicem phone call, lette etc.)	er, relati studen	me (and ionship to t) of person ntacted	Schools Police contacted? (include date, name)	Result of Contact