

Last Name: _____ First Name: _____ Asset Tag: _____

Aberdeen School District No. 5

216 North G Street, Aberdeen, WA 98520 360-538-2000

ELECTRONIC DEVICE CHECKOUT FORM

Parent Name: _____ Email: _____

Device Type/Desc: _____ Value: _____

Device Asset Tag: _____ Device SN: _____

This device agreement is to signify that the above-named student parent/guardian is fully responsible for maintaining this device. Prior to student checkout, this form must be signed by both the student (if applicable) and the student's parent or guardian and returned to the school office. It is agreed that the student is responsible for any loss or damage done to the device while assigned to the student. If loss or damage occurs, the student and parent/guardian are responsible for the cost to repair or replace the device as determined by the ASD5 Technology Department.

- I understand that my child will be receiving a Computing Device for academic use. This device may be used both on campus and at home. (Parent Initials: _____)
- I have read and agree with the ASD5 Electronic Resources Policy 2022, Students 3000 Series Policies and the ASD5 Acceptable Use Policy as provided for review at checkout and posted on the ASD5 website. (Parent Initials: _____)
- I consent to allow my child to accept responsibility for this device and its use for as long as it is checked out to my child. (Parent Initials: _____)
- It is understood that unpaid bills for device misuse may result in the school putting a hold on student records. Continued misuse of a school device may result in a loss of this privilege and potential discipline. Failure to return the device on the prearranged date will result in legal action to recover property belonging to the Aberdeen School District. (Parent Initials: _____)
- I understand and agree to these device use guidelines and authorize my student to complete the Device Checkout section (when applicable) on this form in order to check out the device for the prearranged time period: (Parent Initials: _____)
- I understand that checked out devices are solely for academic purposes. I acknowledge that there is no right to privacy for any uses of the device and agree to monitor my child's device usage when not used on a school campus. I acknowledge that usage may be limited by internet filtering (when applicable) as determined by the district and that any such safety/filtering systems are not going to stop all inappropriate content, and in some cases may not function entirely.. If I suspect an issue I will report it to the school as soon as possible. (Parent Initials: _____)

Parent Signature

Date

Student Signature (grades 6-12)

Date

(Please complete both sides prior to checkout)

Last Name: _____ First Name: _____ Asset Tag: _____

Please record any damage or major wear/use marks on the device prior to checkout.

Device Checkout Condition: NEW USED

(Please list the condition of the device and any accessories - power cord, keyboard, protective case and note any deficiencies.)

CHECK OUT DATE: _____
STUDENT SIGNATURE: _____
DISTRICT/STAFF SIGNATURE: _____

In some cases students may retain the same device during their time at Aberdeen School District. Students will need to return the device on the prearranged date of _____

Device must be returned to: _____
OR delivered to: Stewart Building, 900 Cleveland St, Aberdeen, WA 98520

CHECK IN DATE: _____
STUDENT SIGNATURE: _____
DISTRICT/STAFF SIGNATURE: _____
<i>(Return notes)</i>