

Lastname	Firstname	DeviceID
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Aberdeen School District No. 5
ELECTRONIC INFORMATION NETWORKS
INDIVIDUAL USER ELECTRONIC DEVICE CHECKOUT FORM

Aberdeen School District # 5, 216 North G Street, Aberdeen, WA 98520 360-538-2002

ELECTRONIC DEVICE CHECKOUT FORM

Parent Name: _____ **Email Address:** _____

Device Type: _____ **Value:** _____

Device ID (Barcode #) _____ **Keyboard ID (Barcode #)** _____

This computer 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 and the student's parent or guardian and returned to the school office. It is agreed that the Aberdeen School District is not responsible for any loss or damage done to the device while in possession of the student. If loss or damage occurs, the student and parent/guardian are responsible for the repair or replacement of the device.

- I have attended the parent/student Orientation presented by the Aberdeen School District staff and understand that my child will be receiving a Computing Device for academic use both on campus and at home.
(Parent Initials: _____)
- I have read and agree with the Computing Device guidelines and rules and the ASD Acceptable Use Policy 2022. (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 or in their possession.
(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 according to the guidelines in the Student Handbook. Failure to return the device at the end of the school year will result in a police report being filed for stolen 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 on this form in order to checkout the device for the school year:

Parent Signature

Date

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- I have attended/watched the student Computing Device Orientation Video presented by Aberdeen School District #5 and understand that I will be receiving a Computing Device for academic use both on campus and at home. I have read, agree and will abide by the Computing Device guidelines and rules and the ASD **Acceptable Use Policy 2022**. I understand that all use of this device is my responsibility while it is checked out to me or in my possession. (*Student Initials: _____*)

Student Signature

Date

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

Device Checkout Condition:

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

Item

Condition

Checkout Date: _____ Student Signature: _____

Staff Signature: _____

Students will retain the same device during their time at Aberdeen High School. Students will need to return the device prior to graduation or when they withdraw from Aberdeen High School.

Check-in Date: _____ Student Signature: _____

Staff Signature: _____