



## Learning Device User Agreement

Student Name (print): \_\_\_\_\_

Learning Device Serial Number (on a Chromebook this can be found by pressing ALT+V)

\_\_\_\_\_

**Please read this agreement before signing below.**

I authorize the check-out of a learning device and a charger to my child for the purpose of completing digital learning assignments. I/we understand that the learning device is to be used for educational purposes only. In addition, I understand that the learning device is property of the Douglas County School System. At any time, DCSS reserves the right to request the return of the learning device. My child will comply with the DCSS Acceptable Use Regulation IFBG-R1 as found at [www.DCSSGA.org](http://www.DCSSGA.org). Please be aware that your student will be held responsible for returning the technology equipment in the same condition as issued. I understand that I will be financially responsible for up to \$250.00 for the loss of or any damage to the learning device. In the event of lost or damaged equipment, a report must be made immediately to school personnel. If your child transfers from the Douglas County School System, the learning device and charger should be returned to the issuing school before leaving.

Student Name (print) \_\_\_\_\_

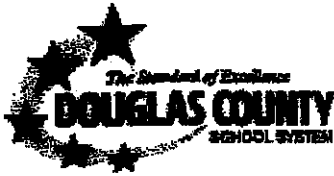
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Best phone # to reach parent: \_\_\_\_\_

Parent email address: \_\_\_\_\_



**OPT OUT WAIVER**

**As the parent or legal guardian of the student,**

\_\_\_\_\_, I do not wish for  
\_\_\_\_\_ to be issued a student learning device to be used  
at home. By signing, I agree to make provisions and give assurance that said  
student will have a device for the use of completing assignments when away from  
school.

**Parent/Guardian Name (PRINT):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_