

2025-26 Grade 7-12 Laptop Information

Name: _____ Grade: _____

Address: _____

City: State: Zip: _____

Phone Number: _____ Student Google ID # _____

Fees:

_____ \$ 35 Yearly Technology fee is paid Check #: _____ or Cash: _____

Fee is required for school or personal owned computer, is non-refundable and required by all.

In the case of breakage, lost or stolen machine, a second technology fee will be assessed, (in addition to possible repair /replacement fees).

Laptop information – to be filled out by school personnel:

FB Computer Number: _____ Make/Model: _____

Serial Number: _____

Power Supply # _____

*Check list of dispensed equipment: (student will pay full cost for any equipment not returned at the end of the year or lost during the year. All checked items must be returned with laptop)

Computer Sleeve Case _____

External Mouse _____ Other _____

Please list any pre-existing conditions you find relevant on your assigned laptop:

2025-2026 SIGNATURE PAGE

STUDENT SECTION

- ☐ ✓ I have read the school district's Computer Agreement and the Acceptable Use Policy.
- ☐ ✓ I agree to follow the rules contained in this policy.
- ☐ ✓ I understand that if I violate the rules my account can be terminated and my computer forfeited.

Student Signature: _____ Date: _____

PARENT OR GUARDIAN SECTION

- ☐ ✓ I have read the school district's Computer Agreement and the Acceptable Use Policy. (If internet access is provided at home I will supervise my child's use of the system in accordance with the acceptable use policy).
- ☐ ✓ I hereby release the district, its personnel, and any institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the district system, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.
- ☐ ✓ I will instruct my child regarding any restrictions against accessing material that are in addition to the restrictions set forth in the District Acceptable Use Policy. I will emphasize to my child the importance of following the rules for personal safety.
- ☐ ✓ I give permission to issue an account for my child and certify that the information contained in this form is correct.

Print Parent/Guardian Name: _____

Address: _____

City: State: Zip: _____

Phone Number: _____ Email: _____

Parent/Guardian Signature: _____

STUDENT PUBLIC VIEWING PERMISSION / MEDIA

Please indicate your choice below:

_____ My student's name and/or picture **may be used** in academic and/or sports highlights in media venues, including newspaper and school-related social media.

_____ My student's name and/or picture **may NOT be used** in academic and/or sports highlights in media venues, including newspaper and school-related social media.