

POTTSGROVE SCHOOL DISTRICT

STUDENT USE ELECTION FORM

THIS PAGE MUST BE COMPLETED FOR **EACH STUDENT** BEFORE A MOBILE DEVICE WILL BE ISSUED TO A STUDENT. STUDENTS WHO CURRENTLY HAVE A DEVICE WILL NOT BE PERMITTED TO RETAIN IT IF THE FORM IS NOT COMPLETED ANNUALLY

We have read the following documents

- On Campus Only and On and Off Campus Agreement for Mobile Device (Laptop/iPad) Use
- General Student Use Guidelines for the Mobile Device
- Best Practice Guidelines for Use of Student Mobile Devices (Laptops/iPads)
- District-Sponsored Mobile Device Coverage

Student Name: _____ **Grade:** _____ **Student ID:** _____

1) I, _____ (**student**) have read and agree to all the guidelines contained within the documents, General Rules of Use Guidelines for Students and Best Practices for Care of Mobile Computing Devices. I also acknowledge that it is my responsibility to understand and abide by the district's Acceptable Use Policy. The policy and guidelines are available through the District website in the Technology Department section.

2) I, _____ (**parent/guardian**) have read and agree to all the guidelines contained within the documents, General Use Guidelines, Best Practices for Care of Mobile Computing Devices, Parental Agreement (on and off campus use) and Mobile Device Insurance Information. I also acknowledge that it is my responsibility to understand and abide by the district's Acceptable Use Policy. The policy and guidelines are available through the District website in the Technology Department section.

****PLEASE SIGN BELOW TO INDICATE STUDENT USE PERMISSION – ONLY SIGN ONE****

- FOR ON AND OFF CAMPUS USE -

*I grant permission for my son/daughter to use the mobile device both **on and off campus** and will purchase or, if eligible, request a fee waiver for damage and theft coverage.*

Parent Signature: _____

Date: _____

- FOR ON CAMPUS USE ONLY -

*I **DO NOT** want my student to use the mobile device off campus. I do understand that this tool is an integral part of the instructional program and that should I change my mind during the school year, I can notify the school in writing by signing the On and Off Campus Use Form and paying the off campus use fee as applicable.*

Parent Signature: _____

Date: _____

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DAMAGE AND THEFT COVERAGE PAYMENT

(Must complete if student is taking Mobile Device off campus)

Student Name: _____ **Grade:** _____ **Student ID:** _____

Loss Pool Fee Payment (Check one)

- _____ **Check or money order** enclosed with this form. *(Checks/Money Orders made payable to Pottsgrove School District, please write your child's school ID number on the check.)*
- _____ Payment made through the PGSD **"My School Bucks"** payment portal in the Technology Store
My School Bucks > School Store for Technology Payments – **DO NOT put in lunch account**
- _____ **Fee waived**, my family qualifies for the **free or reduced lunch program**. I understand I am still responsible for the deductible on a covered claim.

I have other students enrolled in the mobile device program and have reached my **family's \$50 maximum** fee. My other students' names are:

- 1. Name (first and last): _____ Grade: _____
- 2. Name (first and last): _____ Grade: _____
- 3. Name (first and last): _____ Grade: _____

Parent Signature: _____ **Date:** _____