

Port Huron Area School District Chromebook Consent Form

Students: As a Port Huron Area School District student I agree that I will respect the District's Chromebook Care and Usage Handbook and adhere to the following guidelines:

I understand this device belongs to the Port Huron Area School District.

- I will use the Chromebook for educational purposes only.
- I will bring the Chromebook fully charged to school every day.
- I will *NOT* tamper with the asset tag located on the Chromebook.
- I will always keep the Chromebook in its assigned case. If the case is removed, the Chromebook will be collected by a school representative until the case is returned.
- If my Chromebook is damaged, I will report it to the school's designated location immediately.
- I will treat the Chromebook with respect.
- I will *NOT* lend out the Chromebook to anyone.
- I will *NOT* purposely inflict damage to the Chromebook.
- I will *NOT* attempt to repair the Chromebook myself or allow anyone other than district IT personnel to attempt to repair.
- I will *NOT* personalize my Chromebook with stickers, decor, writing, markers, etc.
- I will keep all food and beverages away from the Chromebook.
- I understand there is *NO* expectation of privacy when using a District owned Chromebook.
- I have read through and understand the PHASD Mobile Device Care and Usage Handbook.
- I agree to return the Chromebook along with its charger and protective case at the end of the school year or before leaving the district.

Parent/Guardian: By signing this as a parent/guardian, I understand and will adhere to the following:

- If my child's Chromebook is damaged, I agree to pay the costs associated with repairing or replacing the device.
 - Damage considered accidental will be charged:
 - First incident \$10.00
 - Second incident \$20.00
 - Third Incident \$50.00 (or cost of repair) and may result in loss of privilege
 - Damage considered intentional or any loss, including theft, will be charged:
 - The full cost of repair or replacement value of the device and may result in a loss of privilege
- I have read through and understand the PHASD Mobile Device Care and Usage Handbook.
- I am responsible for my child's use of the device outside of the school day.

Your name below as a parent or legal guardian represents both your signature and indicates that you reviewed these documents with your student and are signing on behalf of both yourself and your student. You acknowledge that you both understand the rules and procedures outlined above.

Student Name (Please Print) _____

Student Grade _____

Parent/Guardian _____

Date _____