



IPAD OPT IN/OPT OUT FORM (PARENT APPROVAL)

I have read and understand the following:

1. I must submit a \$30 safety and service deposit. This deposit will take care of all children in my household. If a school device is lost or damaged, my student is placed on a probationary contract. In addition, my \$30 deposit will be forfeited and my family's deposit requirement will be increased to \$75 before a replacement device is provided. Additional incidents (per family) would result in an increase to a \$150 safety and service deposit per family. My student(s) are responsible to pay for any charging cords or plugs are lost or stolen. The current cost is \$10 and are packaged together.
2. Deposit money can either be rolled over to the next school year or refunded at the end of the year when devices are returned in an undamaged condition.
3. My student(s) must attend an orientation session on the technology device program.
4. I have read and understand the Procedures and Rules for the Acceptable Use of the iPad and the Parent and Student iPad Agreement and Release

HAVING COMPLETED A REVIEW OF THE ABOVE, PLEASE COMPLETE AND SIGN THE FOLLOWING IF YOU WOULD LIKE YOUR STUDENT TO TAKE THEIR IPAD HOME FROM SCHOOL:

I approve for my child to take their assigned iPad home from school. I understand that by doing so, I am responsible for monitoring its use, monitoring safe internet usage at home, as discussed in the Laker Schools iPad Rules and in the Acceptable Use policies.

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

SIGN BELOW IF YOU DO NOT WANT YOUR CHILD TO TAKE THEIR iPad HOME FROM SCHOOL:
(If you do not want your child to take their iPad home, each building will have a process for your child to follow daily. It will be h/her responsibility to follow these procedures.)

Student Name: _____

Parent Name: _____

Parent Signature: _____

Date: _____

[] I will provide my own device (Apple iPads only) and will not need a device from the school.

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