

St. Charles CUSD 303 Student and Parent Device Agreement

Student Name Printed: _____

Circle Grade: **6** **7** **8** **9** **10** **11** **12**

Parent or Guardian Name Printed: _____

Terms of Agreement

- The student is responsible at all times for the care and appropriate use of this device. I understand if my daughter/son violates the expectations agreed to, her/his privilege to use the device may be restricted or removed and she/he may be subject to disciplinary action.
- I understand that I am responsible to review, understand, and enforce my student's appropriate use of the device.
- The device remains the property of St. Charles Community Unit School District 303.
- The costs for repair or replacement will be determined on an as needed basis not to exceed the replacement cost of the device

I understand and accept the Rules and Guidelines for Students and Parents for the appropriate use of school owned devices.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____