

Information Technology Department



STUDENT EQUIPMENT CHECK-OUT FORM AND AGREEMENT

Student Name:	Grade:	Teacher:	

School Site: MARIPOSA COMPUTER SCIENCE MAGNET SCHOOL

Please initial each to verify agreement

I have read and agree to comply with the LANCSD Technology Acceptable Use Policy and related Board Policies.

I will take all necessary precautions to make sure that this equipment is kept safe from harm and/or theft. I will keep equipment locked up and secure at all times when it is not in use.

I understand the equipment and all software contained therein shall only be accessed and used by the student for authorized District school work. The parent/guardian signing this form acknowledges that the student and family shall hold harmless the Lancaster School District for any unauthorized access to inappropriate websites the student may access while using this equipment.

_____ I acknowledge that the assigned equipment is the property of the Lancaster School District and I understand that I must return this equipment to the District immediately upon the occurrence of any of the following circumstances:

- 1. The termination of the assignment or project that required my use of the equipment;
- 2. The end of my enrollment at the school that issued the device;
- 3. At the request of school or LANCSD administration.

I understand that it is my responsibility to immediately report a theft of this equipment to the police and that I will thereafter contact LANCSD's ITS Department with the Law Enforcement contact name and case number as soon as it is practicable.

I understand that it is my responsibility to immediately report the loss of or damage to the equipment to my school site administrator. I will not disassemble any part of the device, attempt any repairs, or contract a repair service to work on the device. I understand that I am responsible for the replacement cost of the device if damaged, lost, or stolen while issued to me.

Chromebook

- a) Broken/Missing Keys \$10 per Key
- b) Broken Screen \$80
- c) Unusable \$150

Hotspot

d) Damaged - \$50

I acknowledge that I have been provided information and opportunity to purchase third party device insurance in the event of accidental damage, loss, or theft.

Student Name (Please Print)	Student Signature	Date		
Parent/Guardian Name (Please Print)	Parent/Guardian Signature	Date		
	Email address			
Contact Number	Email address			
Contact Number Office Use:	Email address			
	Email address Issued by: Brent Baker Signature:			