Student Technology Equipment Use Agreement

Student Agreement

• I have read the Bellevue School District Acceptable Use Procedure (2022P).
• I will bring my device (laptop or other District issued device) to school each day with a full charge and ready to use.
• I will not leave my device unattended at any time while at school or in a public place.
• I will not remove the District barcode label or mark the device in any way with markers, stickers, scratches, engravings, etc.
• I will not remove the hard drive and/or modify the device's operating system in any way.
• If I have problems with the device, I will stop using it and ask my teacher or building staff for assistance.
• I understand that I may lose my technology equipment privileges as a result of inappropriate behavior, and may be financially responsible for damage to or loss of any District issued device.
• I will return the equipment when requested at the end of the school year. I understand that I will be charged for any missing equipment or cables.

Student – Print your name here:  Signature and date here:

_____________________________  ________________________________ Date:

Parent/Guardian Agreement

• I have read the Bellevue School District Acceptable Use Procedure (2022P)
• I understand that my student may lose his/her technology equipment privileges as a result of inappropriate behavior, damage, neglect, or loss.
• The District is providing insurance coverage. Parents will be responsible for up to a $100 deductible per damage. The District reserves the right to charge the user the full cost for repair or replacement when damage or loss occurs due to gross negligence as determined by school administrators.
• I understand my student must return the equipment when requested at the end of the school year. I understand that I will be charged for any missing equipment (laptop, stylus, charger, and bag).
• I accept responsibility to monitor and ensure appropriate use of the internet and websites when my student accesses the internet outside of the district’s network.

Parent/Guardian – Print your name here:  Signature and date here:

_____________________________  ________________________________ Date:

Student Initials indicating receipt of device:  Date: ______ (Done during day of device handout)