

Chromebook Usage Agreement

2020-2021

DeKalb County Schools

Student Name:

School:

Grade:

Please check off to confirm that you have received each of the following.

- (1) Chromebook
 (1) Protective Cover/Case
 (1) Power Adapter

Chromebook Information:

Device S/N:

Asset Tag:

All items must be returned to DeKalb County Schools annually on the date set by the district, at any time the principal or superintendent requires, or on the date of separation from DeKalb County Schools due to withdrawal, expulsion, or other reason.

I understand that I will be responsible for payment for any missing equipment/cables or damage due to carelessness, loss, or negligence.

Technology Usage Fee (TUF)

Each student receiving one-to-one gear are required to pay the annual TUF. The TUF will be \$50 for the first child in each household (primary place of residence) and \$25 for each additional child within the same household. For students receiving free or reduced lunch, the TUF will be \$25 for the first child in each household (primary place of residence) and \$25 for each additional child within the same household.

- * I have read and understand the DeKalb County Schools One-to-One Device Policy and Procedures.
- * I agree to comply with the DeKalb County Schools One-to-One Device Policy and Procedures and the annual Technology Usage Fee.
- * I understand that digital device privileges may be removed due to inappropriate behavior, failure to meet financial responsibilities, or failure to follow the guidelines of the DeKalb County Schools One-to-One Device Policy and Procedures.
- * I accept responsibility for any damages to the one-to-one gear, which may result in monetary charges.
- * I understand that at the end of the seventh or twelfth-grade year, ownership of the one-to-one gear may be transferred to the student, or their guardian if the student is under 18 years of age, provided certain criteria outlined in the One-to-One Device Policy and Procedures is met.

Student Signature:

Date Signed:

Parent/Guardian Signature:

Date Signed:

Current Email:

Current Contact Number:

Current Address:

For Office Use ONLY:

Technology Usage Fee paid in full. (Date/ Initials of school personnel.)

Description of payment plan.