

SKY RANCH MS Device Liability and Responsibility Checkout Form

Student Name (please print): _____

Grade: _____ Student ID: _____

This computer agreement is to signify that the above-named student and parent/guardian are fully responsible for maintaining this device. Prior to device checkout, this form must be signed and initialed by both the student and the student's parent or guardian and returned to the school. It is agreed that the Washoe County School District is not responsible for any loss or damage done to the device while in possession of the student. If loss or damage occurs, the student and parent or guardian are responsible for the repair or replacement of the device.

Technology Cost:

- **Technology fee, Non-Refundable\$35.00**
 - Includes Insurance on Device—covers damage, stolen, lost
 - Includes fee for incidental repaired at school –lost, damaged keys

Repair Costs:

- Repair fee (per repair + parts).....\$15.00 +parts
- Lost/broken AC adapter/charger\$84.00
- Lost or broken case\$20.00
- Identification sticker/label replacement\$10.00
- Lost, non-repairable or stolen laptop \$495.00
- Lost, non-repairable or stolen iPad \$399.00

Parent or Guardian and Student initial on the lines below to acknowledge agreement:

1. I understand that my student will be receiving a device for academic use both at school and at home.
(_____ / _____)
2. I have read and agree with the WCSD Parent-Student Device Handbook. (_____ / _____)
3. I have viewed the Sky Ranch MS Orientation videos and understand and agree to abide by the conditions set forth within the guidelines in the videos. (_____ / _____)
4. It is understood that unpaid fines for computer loss may result in the school putting a hold on student records. Continued misuse of the device may result in a loss of this privilege and potential discipline according to the guidelines in the Student Handbook and the WCSD Parent-Student Device Handbook. (_____ / _____)
5. Failure to return the device upon request or termination of enrollment will result in a police report being filed for stolen property belonging to the Washoe County School District.
(_____ / _____)

By signing below, I acknowledge that I have read and agree with the WCSD Parent/Student Device Handbook, have viewed the Sky Ranch Family Orientation videos, and understand and agree to abide by the conditions set forth within the guidelines stated above.

Parent Signature _____ Date _____

Student Signature _____ Date _____

(OFFICE USE ONLY) Asset Number _____ Model _____ Serial Number _____