

Port Huron Area School District Chromebook Consent Form

Students: As a Port Huron Area School District student, by signing this form, I will respect the District's Chromebook Care and Usage Handbook and adhere to the following guidelines:

- I understand this device belongs to the Port Huron Area School District.
- I will use the Chromebook for educational purposes only.
- I will bring the Chromebook fully charged to school every day.
- I will *NOT* tamper with the asset tag located on the Chromebook.
- I will always keep the Chromebook in its assigned case. If the case is removed, the Chromebook will be collected by a school representative until the case is returned.
- If my Chromebook is damaged, I will report it to the school's designated location immediately.
- I will treat the Chromebook with respect.
- I will *NOT* lend out the Chromebook to anyone.
- I will *NOT* purposely inflict damage to the Chromebook.
- I will *NOT* attempt to repair the Chromebook myself or allow anyone other than district IT personnel to attempt to repair.
- I will *NOT* personalize my Chromebook with:
 - Stickers, decor, writing, markers, etc.
- I will keep all food and beverages away from the Chromebook.
- I understand there is *NO* expectation of privacy when using a District owned Chromebook.
- I have read through and understand the PHASD Mobile Device Care and Usage Handbook.
- I agree to return the Chromebook along with its charger and protective case at the end of the school year or before leaving the district.

Parent/Guardian: By signing this as a parent/guardian, I understand and will adhere to the following:

- If my child's Chromebook is damaged, I agree to pay the costs associated with repairing or replacing the device.
 - Damage considered accidental will be charged:
 - First incident - \$10.00
 - Second incident - \$20.00
 - Third Incident - \$50.00 (or cost of repair) and may result in loss of privilege
 - Damage considered intentional or any loss, including theft, will be charged:
 - The full cost of repair or replacement value of the device and may result in a loss of privilege
- I have read through and understand the PHASD Mobile Device Care and Usage Handbook.
- I am responsible for my child's use of the device outside of the school day.

Student Name (Please Print) _____

Student Signature _____ Date _____

Parent/Guardian _____ Date _____