District Chromebook Consent Form
2019-2020 School Year

Students: As a Grand Haven Area Public Schools 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 Grand Haven Area Public Schools District Technology Department.
- 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. (grades 5-8)
- If my Chromebook is damaged, I will report it to the school’s Chromebook Technician immediately.
- I will treat the Chromebook with respect.
- 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 understand there is NO expectation of privacy when using a district owned Chromebook.
- The use of a GHAPS Chromebook is a privilege. Using the Chromebook or Internet in an unauthorized manner may result in disciplinary action or removal of access. Violations include but are not limited to:
  - Using a login other than my own or allowing others to use my login information
  - Attempting to bypass district internet filters or classroom restrictions
  - Participation in any form of electronic harassment or Cyberbullying
  - Intentional access of any material that is unlawful, obscene, pornographic or abusive
- I have read through and understand the GHAPS Mobile Device Care and Usage Handbook.
- I agree to return the Chromebook along with its original charger or replacement issued by GHAPS and its protective case (grades 5-8) 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:

- I have read through and understand the GHAPS Mobile Device Care and Usage Handbook.
- I am responsible for my child’s use of the device outside of the school day.
- I understand that internet content is filtered as required by CIPA but no filtering is foolproof - we strongly encourage parents and/or guardians to monitor use.

Student Signature ____________________________________ ID# _____________ Date____________

Parent/Guardian ____________________________________ Date ______________________
District Chromebook Device Insurance
2019-2020 School Year

Families may purchase insurance for the student’s Chromebook through the district for the school year. This insurance covers two accidental breaks of the device. Any additional accidental breaks after will be charged to the student. Identified intentional damage will be charged to the student and insurance will not be used. Manufacturer defects and part failures will be replaced by the district at no charge. Chargers and protective cases are treated as an extension of the Chromebook itself and the same criteria will be followed regarding insurance claims and billing.

<table>
<thead>
<tr>
<th></th>
<th>Insurance Cost</th>
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<tbody>
<tr>
<td>Student</td>
<td>$15.00 ($25.00 if paid after September 6th)</td>
</tr>
<tr>
<td>Student enrolled in Reduced Lunch Program</td>
<td>$10.00 ($20.00 if paid after September 6th)</td>
</tr>
<tr>
<td>Student enrolled in Free Lunch Program</td>
<td>$5.00 ($15.00 if paid after September 6th)</td>
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In the event of theft, loss or damage due to intentional abuse or misuse of the Chromebook, the parent or guardian will be responsible to cover the full replacement cost. This also includes any accessories that were issued with the Chromebook (charger, case, etc.).

_____ I choose to purchase device insurance to cover my student’s device per the insurance section of the GHAPS Technology Student Handbook.

_____ I choose to decline device insurance and am aware that the full cost of any accidental or intentional breaks of the device, including theft and loss, are the responsibility of myself or my student.

Printed Student Name ____________________________________________________________________ ID# ___________

Parent/Guardian Signature __________________________________________ Date ___________

Office Use Only

☐ CASH ☐ CHECK #_______ Received by:_________________