
Pittsford Schools

Student Technology Device Loan Agreement Form

By completing this form, I, _____ and agreed to by _____
(Student's Name) (Parent/Guardian)

understand and agree that I am responsible for the identified laptop/tablet below and expressly agree to the following conditions on my use of the device:

1. I understand and agree that the laptop/tablet and any/all accessories provided to me are the property of the Pittsford Central School District (the District) and are on loan to me for the implicit use in my educational studies. The District has the right to access or monitor my use of the device at any time and without my knowledge. **I understand that I have no expectation of privacy in my use of the device and that such use is subject to the District's Acceptable Use Policy #7314.**
2. I agree that the devices and any/all accessories have been provided to me in good condition. I agree to keep it/them clean and not to apply stickers, writing or other forms of defacement. **I understand and agree, I will be responsible for any damage beyond normal use that I may cause to the device** and agree to do my best to keep the device and accessories in good condition upon return to the District at the end of my period of use.
3. I agree to do my best to protect the laptop/tablet and all accessories that have been provided to me from theft. I understand and agree that if theft of the device does occur, I am required to notify the local police department of the theft and provide the District with a copy of the complete police report within 48 hours of the theft discovery of loss. **I understand that my failure to obtain and provide the District with a copy of the police report will result in my personal liability for the replacement cost of the device and accessories.**
4. I understand that the District's rules and expectations (including the Code of Conduct and the Student Use of Computerized Information Resources Policy #7314) apply to me and my use of the device both on and off school grounds and agree to comply with such policies, rules, and expectations.
5. I understand and agree that I may not install software on the laptop/tablet, change the device's configuration, or otherwise use the device in any manner that may harm the device or promote disruptive or harmful activity.
6. I understand that when I use the laptop/tablet to access the Internet, all Internet content will be/is filtered in accordance with the District's Children Internet Protection Act/Internet Content Filtering & Safety Policy #8271 and that certain websites will be blocked/prohibited.
7. This district laptop/tablet has been provided for the purpose to perform school related tasks and supplement the instructional experience. **Management of how this device is used outside the school district is the sole responsibility of the parent/guardian** as is the case with home computers and other personal electronic devices.
8. I understand that I have the option of enrolling in a Student Loaned Technology Protection Plan (TPP), which will assist in covering the costs for lost or damaged devices and/or accessories. The protection plan details are attached. A selection to opt-in or opt-out of the protection plan must be made below.

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Technology Protection Plan Option

_____ **I choose to enroll in the Student Loaned Technology Protection Plan.** (Pay online at PCSD Payment Center <https://www.pittsfordschools.org/Page/107> or make check payable to Pittsford Central School District, to the attention of Leeanne Reister, Director of Finance, 75 Barker Road Pittsford, NY 14534)

_____ I decline to enroll in the Student Loaned Technology Protection Plan and understand that I will be responsible for covering the full costs for any damage or replacement of damaged or lost items.

Please note the protection plan is similar to an insurance policy, providing coverage (less nominal deductible) in case of unintentional mishap. If an incident occurs and you do not have the coverage, you may not change your mind to buy coverage at a later time.

Student Name: _____ School: _____ Grade Level: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Approval: _____

District Use Only

Device/Accessories: _____ PCSD #: _____

Device/Accessories: _____ PCSD #: _____

Device/Accessories: _____ PCSD #: _____

Condition: (New, Used, Notes) _____

Return Date: _____ Return Condition: _____

Student Signature: _____ Date: _____