



1:1 Chromebook Agreement & Insurance for 2019 - 20 School Year

Student Name: _____ **Grade:** _____

Please read over the information that outlines expectations and responsibilities for families receiving a district-issued Chromebook. Information can be found at www.oasd.org/Chromebook, and sign underneath your choice.

I have read, understand and ACCEPT the expectations and responsibilities of having a district-issued Chromebook issued to my son or daughter. I understand that the use of the device is for academic purposes and that the Acceptable Use Policy also applies to this device and its use.

Parent Signature: _____ **Date:** _____

I am electing to **DECLINE** for my son or daughter to receive a Chromebook issued through Oconomowoc Area School District. I understand that my student is expected to have an appropriate device with him/her each day that enables him/her to do equivalent work of his/her classmates. I understand that my student will need to use a district device at certain times such as required online district or state assessments. More information can be found in the Parent Chromebook Information document.

Parent Signature: _____ **Date:** _____

Optional Chromebook Insurance

Optional Chromebook Insurance information can be found at www.oasd.org/Chromebook, under the "Chromebook Insurance Information" drop-down.

I **am** purchasing optional Accidental Drop/Damage Insurance for the Chromebook issued to my son or daughter. I understand that the insurance does not cover lost or stolen devices or intentional damage.

Note: You must add the Accidental Drop/Damage Insurance Fee (\$25/year) to your son/daughter's fee management account in Family Access by **September 30, 2018**.

Parent Signature: _____ **Date:** _____

OR

I am **not** purchasing optional Accidental Drop/Damage Insurance for the Chromebook issued to my son or daughter. I understand that my family will be responsible for all damages and repairs to the Chromebook including lost or stolen devices. More information can be found in the Parent Chromebook Information document.

Parent Signature: _____ **Date:** _____

Declaracion de Traducción: Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Martita Mirsberger al (262) 560-8306 ext 8343.

Nondiscrimination: The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.
