

School District of Cambridge: 1:1 Chromebook Program

Chromebook Acceptable Use Agreement

The School District of Cambridge is dedicated to improving student learning, transformative learning, meaningful student engagement, 21st century skills, and equity of access

Students

By signing this document, I agree to the following conditions:

- I have read and understand the School District of Cambridge 1:1 Chromebook Program handbook.
- I understand and accept responsibility for the following:
 - Care and use of any District Chromebook in my possession.
 - Ensuring the Chromebook is brought to school each day fully charged and ready for use.
 - Respecting and being responsible for the treatment of all Chromebooks in the District.
 - Acting in a responsible manner with the Chromebook (following directives in class).
 - Seeking immediate repair through the school if the Chromebook becomes damaged or is not working properly.
 - The Chromebook is managed by the School District of Cambridge and the "user"@students.cambridge.k12.wi.us account will have access to Google Apps For Education services as determined by the Technology Department.
- My Chromebook remains property of the School District of Cambridge and is subject to filtering and monitoring by District personnel at any time.

Families

I understand and accept responsibility for the following:

- Monitoring proper use and care of the Chromebook at home.
- Communicating with District staff regarding repair and/or replacement of the Chromebook.
- Payment of any repairs as outlined in the SDC Chromebook Handbook (unless covered under the Chromebook insurance).

Use of the Internet and School District of Cambridge network are subject to management and restriction as determined by the Board of Education and the Technology Department.

Student Name (please print): _____

Signature: _____ Date: _____

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

_____ Yes, I want to take the insurance for \$17.25/year coverage _____ No, Not interested in insurance

PLEASE RETURN TO MAIN OFFICE BY SEPT. 15

For Office Use Only

Insurance paid on _____ by Check # _____ / Cash _____