

Worcester County Public Schools  
6270 Worcester Highway  
Newark, Maryland 21841  
410-632-5000

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Received: \_\_\_\_\_

### *Student Device Sign-Off*

<i>Serial #</i>	<i>County Sticker #</i>	<i>Description</i>	<i>Quantity</i>
		<i>iPad</i>	1
<i>N/A</i>	<i>N/A</i>	<i>iPad Charging Brick &amp; 1M Lightning Cable</i>	1
<i>N/A</i>	<i>N/A</i>	<i>iPad Case</i>	1
<i>N/A</i>		<i>Logitech Crayon</i>	1

**Terms of Use** (Please read each statement carefully and initial on the line. A copy of this document and more information is included in your Student/Parent Handbook)

- \_\_\_\_\_ I have read and signed the WCPS “Responsible Use Policy.”
- \_\_\_\_\_ I agree to use this device in ways that are appropriate, educational, and meet moral and ethical standards.
- \_\_\_\_\_ I will take good care of my WCPS device, I will know where it is at all times and will take responsibility for all damage or loss of the device caused by neglect, misuse, or abuse.
- \_\_\_\_\_ I will protect my device by keeping it in the protective case when I am not using it and will keep food and beverages away from it.
- \_\_\_\_\_ I will adhere to WCPS’s policy for acceptable and responsible use of social media.
- \_\_\_\_\_ I understand that WCPS may inspect the device at any time, if necessary.
- \_\_\_\_\_ I understand and agree that the device and accessories documented above must be returned at the end of each school year and a device will be returned to me at the beginning of each school year.
- \_\_\_\_\_ I understand that I must return the device immediately upon transferring or withdrawing from school.

***I will not attempt to bypass security settings, disassemble the device or loan it to ANY other individual without the expressed consent of the school principal.***

#### **Acceptance of Device and Accessories**

This is to certify that I have received the above materials into my care, and I agree to the terms of use listed above.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All signatures must be included before receiving device.***