**Student/Parent Agreement For iPad Use**

 I will take good care of my assigned iPad.

 I will never leave my iPad unattended.

 I will never loan out my iPad to other individuals.

 I will know where my iPad is at all times.

 I will charge my iPad’s battery daily.

 I will keep food and beverages away from my iPad.

 I will not disassemble any part of my iPad or attempt any repairs.

 I will protect my iPad by only carrying it while in the case provided.

 I will use my iPad in ways that are appropriate, educational, and meet Guilford County Schools policies.

 I will not place decorations (such as stickers, markers, etc.) on the

iPad. I will not deface the serial number iPad sticker on any iPad.

 I understand that my iPad is subject to inspection at any time

without notice and remains the property of the Guilford County Schools

District.

 I will follow the policies outlined in the Montlieu Elementary iPad Program – 2011-12

Policy, Procedures, and Information Guide while at school, as well as

outside the school day.

 I will file a police report in case of theft, vandalism, and other acts

covered by insurance.

 I will be responsible for all damage or loss caused by neglect or

abuse.

 I agree to return the District iPad, case and power cords in good

working condition.

I understand and agree to the stipulations set forth in the above document

including the Montlieu Elementary iPad Program – 2011-12 Policy, Procedures, and Information Guide; the Acceptable Use Policy (AUP) Computer Network Policy for

Students and the Student Agreement for iPad Use.

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

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

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ I want to opt out of my student taking the iPad home (4th and 5th grade parents only)

**Parent Consent Form**

*Please sign and return this consent form to your child’s teacher. There are two different items that require*

*your signature – photo consent and directory information. For each item,* ***please sign consent or no***

***consent****. Please return this form to your child’s teacher. Thank you for your assistance.*

At various times during the school year, school representatives, Guilford County Schools (GCS), partners/vendors of

GCS and a variety of media outlets request permission to film, video tape and photograph in our schools. They

subsequently publish, broadcast or use these materials, which often include images and depictions of students, as

well as student work products. If you consent and grant permission for your child’s likeness or work products to be used/featured by your school, GCS/its partners or electronic/media, please sign in the appropriate space below.

**Photo Consent:** I do consent and allow my child to be filmed, videotaped and/or photographed for use by my

school, GCS/its partners and the media. I also allow my child’s work product to be featured by GCS (this will include

the school yearbook).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Child’s Name Parent’s Signature Date

**No Photo Consent:** I do **NOT** consent nor allow my child to be filmed, videotaped and/or photographed for use by

my school, GCS/its partners and the media (this will include the school yearbook).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Child’s Name Parent’s Signature Date