

**Kimberly School District**  
**STUDENTS 3616F**  
**Mobile Computing Device Agreement**

This Agreement is valid for the \_\_\_\_\_ school year only.

Every student, regardless of age, must read and sign below:

I have read, understand, and agree to abide by the terms of the Kimberly District's policies regarding District-provided mobile computing devices (Policy No. 3616). Should any violation or misuse of the device occur while it is in my custody, I understand and agree that I may lose access to the device, or may lose the privilege of taking it home, and will forfeit any fees paid for use of the device, regardless of whether the misuse was committed by me or another person. I accept full responsibility for the safe and secure handling of the device for this school year. I accept full responsibility for the proper use and safeguarding of the device under all applicable policies. I understand that it is my responsibility to immediately report any damage, theft, or problems with the device to school staff. I understand that I may be responsible to pay for repair damage to the device I caused or pay to replace for a device that is lost or stolen. (Replacement cost will be the cost of a comparable unit).

User's Name (Print) \_\_\_\_\_ Home Phone: \_\_\_\_\_

User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Status: \_\_\_ I am 18 or older \_\_\_ I am under 18

If I am signing this policy when I am under 18, I understand that when I turn 18, this policy will continue to be in full force and effect and agree to abide by this policy.

**Parent or Legal Guardian:** If the applicant is under 18 years of age, a parent/legal guardian must also read and sign this agreement. As the parent/guardian of the above student, I understand my child's responsibility in the use and care of the device and my financial responsibility in the event my student loses the device or is found to be the cause of deliberate or negligent damage to it. I understand that if he or she is found to be responsible for deliberate or negligent damage or for the loss of the device, I will be financially responsible for reasonable repair/replacement cost (current replacement cost of a comparable device).

I have read the District Policy No. 3616 and explained it to my child. I understand that if any violation or misuse of the device occurs while it is in my child's custody, his or her access privileges to the internet or use of a mobile computing device can be suspended or

terminated, that he or she will forfeit any fees paid for use of the device, and that he or she may face other disciplinary measures, regardless of whether the misuse was committed by him or her or by another person.

I also understand that I will be responsible for monitoring my student's use of the device outside the school setting.

\_\_\_\_\_ I do not wish my son/daughter to take the device home at this time.

\_\_\_\_\_ Yes, I am interested in a KSD Insurance Policy (optional- see 3616 Insurance)

\_\_\_\_\_ No, I do not wish to have the Optional KSD Insurance and realize that I am fully responsible for any repairs necessary to the device, or replacement cost (current replacement cost of a comparable device).

Parent/Legal Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Date: \_\_\_\_\_

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*For Office Use Only:*

*Assigned Computer Number:* \_\_\_\_\_

*Insurance:* Y\_\_\_ N\_\_\_

*Check-Out Date:* \_\_\_\_\_

*Check-In Date:* \_\_\_\_\_

*Fines:* \$ \_\_\_\_\_

**Kimberly School District  
STUDENTS 3616Insurance  
Mobile Computing Device Optional Insurance Policy**

*Kimberly School District is self-insured so please help us keep premiums low by taking very good care of your device. Please read this policy to understand your family's rights and responsibilities and terms of coverage.*

I understand that I may pay a yearly insurance premium to cover the cost of any accidental damage to the device, up to 2 claims per year. If I have more than 2 claims in a year, I will be expected to pay full price for the damage or loss.

**Cost:**

Yearly Premium:                   \$50.00

Stolen/Lost Device with Insurance: \$150.00

Stolen/Lost Device without Insurance: Current replacement cost of a comparable device.

The school administration has the final say in determining insurance and repair situations.

To participate in this insurance program, all premiums are due 10 school days following student's enrollment date. After the 2<sup>nd</sup> week of school, no refunds will be issued.

**Covered Equipment**

Any school owned device issued to your student by the district, whether it is the originally issued device, a loaned device, or replacement.

Chargers: Chargers that are broken will be covered.

Chargers that are lost will not be covered and student will be charged \$20.00 for a replacement.

**Exclusions**

KSD will not pay for any loss or damage caused by or resulting from the following:

- . Not informing the technology department immediately of damage to the device may void the insurance coverage for that incident. Example: Damage from liquid spills or dropping of the device that exposes internal parts
- . Loss caused by inappropriate electrical use by using an inappropriate charger
- . Dishonest, fraudulent or criminal acts
- . Theft not accompanied by a police report

**Claims Procedures**

To report damage/loss of the school device, student should return it immediately to the school designated room: KHS - Library.

The designated school employee will submit a help ticket to the tech department.

KSD technicians will determine if the damage is a qualified insurance claim and report back to school building.

The school is responsible to notify you via phone, email or letter when a claim is filed on your student's device.

Once the claim is in process, a loaner or replacement will be issued.

In cases of theft or disappearance, a copy of a police report **must** accompany the student **before** a loaner device is issued.

Student Name: \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Parent/Legal Guardian (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

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*For Office Use Only:*

*Insurance: Y\_\_\_ N\_\_\_*

*Premium Paid: \_\_\_\_\_ Date: \_\_\_\_\_*

*School Year: \_\_\_\_\_*