

# DODDRIDGE COUNTY SCHOOLS TABLET AGREEMENT

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STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**Students will receive tablets AFTER:**

1. Parents/guardians and students read and sign this tablet agreement indicating they understand their responsibilities with regard to the tablets.
2. Parents/guardians and students read and sign the Acceptable Use Policy indicating they understand and will abide by the Acceptable Use Policy.

**Tablet guidelines are as follows:**

1. Tablets remain the property of Doddridge County Schools and are subject to audit by county staff at any time.
2. Tablets are to remain enrolled in the mobile device management software.
3. Students could face disciplinary action if tablet agreement and the Acceptable Use Policy are not followed.
4. Students will turn in tablets at the end of each school year and pick them up again at the beginning of each school year.
5. Students will be responsible for keeping the tablet secure, charged, and in good condition.
6. Students will demonstrate responsible and safe use of the internet both at school and outside of school – students will be required to complete lessons at school that focus on cyber safety.
7. Students will respect teachers and use the tablet only as directed in the instructional environment.
8. Students will respect peers and promote positive interactions among all classmates.
9. Students are responsible for all use of the tablet.
10. Students will not loan the tablet to peers or family members.
11. Parents/guardians/students are responsible for the return of tablets when a child is withdrawn from school.
12. At NO time should a student attempt to fix a device. Immediately report to the Technology Staff at the school.
13. Students are not allowed to install software that results in a violation of the Acceptable Use Policy.
14. Students are not allowed to install software that will alter how traffic is going through the internet.

**INITIAL ONE:**

\_\_\_\_\_ My child has permission to take his/her device home.

\_\_\_\_\_ My child only has permission to use the device at school.

**I have read and understand the preceding sections regarding tablets. I will make sure my child understands his/her responsibility regarding the use of his/her tablet. If I do not sign off on this agreement, my child will still receive a tablet, but the tablet will be required to stay at the school. I understand regardless of the tablet going home or staying at the school, my child is still required to abide by the Acceptable Use Policy.**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date