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| | **Bellingham Public Schools**<br>1306 Dupont Street ‡ Bellingham WA 98225-3118<br>(360) 676-6400 ‡ https://bellinghamschools.org |

## Student Device Check-Out Form

School:

Student Information 20 -2 School Year

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| Student Name | | Grade | |
| Student Number | | Birthdate | |

Before taking a laptop home, students and parents/guardians will need to read the acceptable use form and student/family responsibility overview and digitally sign in Skyward.

I, _____, have read and agree to the following:

- I agree to follow teachers'/building/district instructions when using technology as stated in my school Student Handbook and the District "Student and Family 1:1 Technology Handbook".
- I agree to be polite, considerate, and to use appropriate language.
- I agree to report and/or help prevent any bullying, abuse, or harm of others.
- I agree to tell an adult if I read, see, or access something inappropriate, or if I witness inappropriate use of technology.
- I agree to follow all filters and security measures.
- I agree to use technology carefully, take care of equipment, and to conserve district resources.
- I agree not to share my passwords, except with my teacher or parent/guardian (Family Educational Rights and Privacy Act or FERPA)
- I agree to use only my own files, folders and account. I will not access another individual's files, folders or account without their permission.
- I agree not to reveal or post personal information belonging to myself or another person (i.e., passwords, addresses, or telephone numbers).
- I agree to follow copyright laws.

Following Federal, State and local laws, Bellingham Public Schools will protect student and employee data. However, I understand that my use of any district technology (computer, network, internet, resources, etc.) will be monitored and is neither private nor confidential to district/authorized personnel. I understand that if I violate this agreement, the district's policies and procedures, or my student handbook, I may not be allowed to continue to use technology or I may receive other appropriate consequences.

| Student Name: | Student's Signature | Date: |
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With our electronic signature/acceptance below as the Guardian(s) of _____, _____ we agree and acknowled587 (_)-6 (_)7 (_)-6 (_)7 (_)-6 (_)7 (_)-6 (_)7 (_)-6 (_ Td [(th)-8 (e)]TJ ET Q q 37Tw 67 Q q 37.2 141.74 537.46 1