

Wa-Nee Community Schools

Technology Department
1300 N Main St, Nappanee, IN 46550
Telephone 574-773-3131 – Facsimile 574-773-5593

Device Acceptance Form

Student Name: _____

I understand that the Dell Latitude 3190, equipment, and/or accessories that Wa-Nee Community Schools (“Wa-Nee Schools”) has provided to me are the property of Wa-Nee Schools. I agree to the terms outlined in Wa-Nee Schools’ User Agreement and the Acceptable Use Policy.

I understand that the device may be sent home and I will report any damage, loss, or theft of the device to the Desktop Support Technician or the School Principal within one school day of the incident. Additionally, I understand that I will not be held responsible for problems resulting from regular school-related use; however, I understand that I am personally responsible for any damage, theft, or loss of the device and/or related equipment and accessories due to negligence. A Dell Latitude 3190 and charger will be provided.

I understand that Wa-Nee Schools is offering an insurance option for \$15 which will cover all incidents excluding intentional damage. The optional insurance only covers the Latitude 3190. The charger and sleeve are not covered by the optional insurance plan.

- I elect to purchase the \$15 Wa-Nee Schools insurance (should be paid by cash/check to Wa-Nee Community Schools at the time of device pick-up).
- I decline the Wa-Nee Schools insurance. I understand that I will be responsible for the full replacement cost for incidents not covered by the manufacturer’s warranty.

I understand that a violation of the terms and conditions set out in the User Agreement and the Acceptable Use Policy may result in the restriction and/or termination of my use of a Latitude 3190, equipment, and/or accessories.

<u>Item</u>	<u>Replacement Price</u>
Latitude 3190	\$425.00
Charger	\$55.00
Screen replacement	\$120.00
Top cover	\$30.00
Keyboard replacement	\$25.00

I have received a Latitude 3190 and charger (please initial): _____

Guidelines for Care and Use of the Device

- The device is the property of Wa-Nee Schools and may be seized and its content reviewed at any time. The student should have no expectation of privacy of materials found on a device.
- If a device is stolen, the parent/guardian must file a police report as soon as possible. If the device is lost or stolen, the parent/guardian will be responsible for the full replacement cost unless the optional insurance plan has been purchased prior to the incident. A loaner device will be issued in the event of a missing device until a reasonable amount of time has passed and it is certain that the device cannot be found.
- It is the student's responsibility to recharge the battery, so it is fully charged by the start of the school day.
- The Student is expected to respect the web filter as a safety precaution and shall not attempt to circumvent the web filter.
- The Student is responsible for the safety and security of the device and any activity on the device.
- The student's right to use and possess the device ends on the last day of the school year unless earlier terminated by Wa-Nee Schools upon withdrawal from Wa-Nee Schools. A Student who is no longer enrolled in Wa-Nee Schools must return the device, along with all accessories, at the time the student is withdrawn from the district. Failure to timely return the device to the technology department or school office, or the continued use of it without Wa-Nee Schools' consent is considered unlawful appropriation of Wa-Nee Schools' property, which may constitute theft, a felony, or conversion, for which parents/guardians may be liable under Indiana statute for three times the cost of the device plus attorney's fees.

Devices will be collected at the conclusion of each school year. The following school year, returning students will be given the same device. The device will be restored to factory settings during the Summer to allow for normal operation.

I understand that by signing below I am agreeing to the terms of the Device Acceptance Form and Guidelines and will be responsible for any expenses incurred due to the neglect or misuse of the student device that is being provided to my child.

Parent/Guardian Signature: _____ Date: _____

- I have additional concerns/questions regarding the Device Acceptance Form and Guidelines and wish to schedule an appointment with a school administrator.