



AUBURN PUBLIC SCHOOLS
*Student and Parent / Guardian iPad
Agreement Form – Trimester Students*

Student Name:	Grade:
Parent Name:	
Home Address:	Town:
Phone Number:	

Students in grades 8 and 9 in the Auburn Public Schools are issued an iPad device for their educational use for the 2014-2015 school year. As a District, we believe that providing iPads to our students enhances their educational experience and provide increased opportunities for learning. In order to ensure equity for all students we are providing iPads to upperclassmen enrolled in Freshman Level courses. Students will be provided iPads only for the Trimester(s) in which they are enrolled in Freshman level courses. They must be returned at the completion of the Trimester.

Each student and parent/guardian is asked to read this form carefully and initial next to each statement, as indicated.

Use, Proper Care and Precautions

	Student Initials	Parent/Guardian Initials	
1			I/We understand that the iPad and its accessory equipment are the property of the Auburn Public Schools.
2			I/We understand that the student, with the support of the parent, is responsible for the daily care and maintenance of the iPad.
3			I/We understand and agree to abide by the rules and regulations of the APS Technology Acceptable Use Policy. Failure to do so will result in disciplinary action.
4			I/We understand that the iPad will be returned at the District's discretion for upgrades and maintenance.
5			I/We understand that I/we must report all iPad damages or the theft/loss of the device to the building designee immediately, with a police report filed for any theft.
6			I/We understand that the iPad must be in an acceptable case, provided by the District, at all times as a reasonable precaution against damage.
7			I/We understand that all students must have their fully charged iPad device with them each day for every class.
8			I/We understand that the iPad must be returned to the District upon unenrollment from the Auburn Public Schools, or completion of Freshman level course. Failure to return the device in acceptable condition will result in a report to the Auburn Police Department.

Insurance Coverage/Accidental Damage/ Theft & Loss Coverage

	Student Initials	Parent/Guardian Initials	
1			I/We understand that the district requires that I/we purchase insurance coverage for accidental damage or theft. I/We will be responsible for the premium payment and any deductible.
2			I/We understand that an insurer will not cover loss or damage caused by your dishonesty or anyone acting for you. Nor would an insurer cover any loss or damage arising from your illegal acts. Insurers will also not cover loss or damage caused by your intentional damage or destruction of property covered under this policy.
3			I/We understand that insurance policies contain the complete details of coverage and it takes precedence over any language contained in this document.
4			I/We also understand that in the event that the iPad is lost, regardless of the circumstances, I/we will be responsible for the full replacement cost of the iPad if it is not covered by insurance.
5			This iPad Agreement, other than possible changes by the insurer, shall remain in effect until the iPad is returned or a new agreement is signed.
6			I/We understand that the District will renew the insurance policy annually and I/We will be responsible for the annual or trimester premium
7			I/We understand that the district may provide financial assistance to assist in paying the insurance premium for families that require it. I/We may be asked to provide financial information to justify the requested assistance.

The Auburn Public Schools reserves the right to amend this agreement at any time.

2014-2015 iPad Insurance Rates

Full Year - \$40.00

For all 8th and 9th grade student.

By Trimester -\$14.00 per Trimester

For upper classmen taking Freshman Academy courses.

A signature below signifies that the student and parent/guardian has read and acknowledges the above.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Auburn Public School District Use Only:

Initials of District Staff Member: _____ iPad Number: _____

Serial Number of iPad: _____

Cash/Check #: _____ # of Trimesters: _____ Total: _____ Payment Date: _____

Financial Aid Requested: YES NO