



PWSD Student Device Sign Out Form

Student Name: _____

School: _____ Grade: _____

By signing this form and allowing the student above to use this device at home, I agree to the following conditions:

- I will be liable for any repair costs resulting from physical damage to the device. If the device is not returned or damaged beyond repair, I will be liable for the replacement cost. Estimated replacement cost will vary depending on device.
- I have read and understood the Student ICT Acceptable Use policy included with this form.
- The device is intended for educational use only. Any other use may be in violation of the Student ICT Acceptable Use policy. It is my responsibility to make sure the device is used appropriately. I absolve PWSD of any and all responsibilities for inappropriate use of the device.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Device Make/Model: _____

Device Serial Number: _____

Device Condition: _____