

# BEAUFORT COUNTY SCHOOLS STUDENT DEVICE AGREEMENT

(Device Agreement must be completed prior to assigning the student a device.)

Educational Program”) and 3225/4312/7320 (“Technology Responsible Use”) with my child.

Teacher Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

School	Device Type (circle one)
BCECHS	iPad      Chromebook
Serial Number	Tag Number
Device Condition	
BCS Employee Distributing Device (print first & last name)	Date Device Distributed

Your signatures verify that you agree that the device you are borrowing is in the condition described in the table above and further that you have read and understood the terms of this Agreement, including your obligation to reimburse BCS for the repair or replacement of the device as described in Paragraph 8.

Student Name (print)	Student Signature	Date
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

## TO BE COMPLETED BY STUDENT AND STUDENT’S PARENT/GUARDIAN

As the Student’s Parent/ Guardian (or Student if 18), my initials below indicate that I agree to the terms of this agreement and

Initials	
	Am including cash, check, or money order for the annual \$25 Technology Fee, or I have paid online if that option is available at my child’s school.
	Am opting not to pay the \$25 Technology Fee. I understand and agree that I will be responsible for the cost of all repairs to or replacement of the device, case (if applicable), and charger.