



# Knox County Schools Technology Device Agreement

Date: \_\_\_\_\_

Agreement between the Knox County Schools and:

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Printed Name of Student

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Student ID Number: s\_\_\_\_\_

Student, initial each line:

- \_\_\_\_\_ I have read, understand, and will follow the “Technology Device Procedures and Expectations” document (Appendix A found at <https://www.knoxschools.org/domain/5679>).
- \_\_\_\_\_ I accept responsibility for using the technology device at school.
- \_\_\_\_\_ I understand that this technology device may be collected and inspected.
- \_\_\_\_\_ I agree to keep my assigned device in my possession at all times. I will not give or lend it.
- \_\_\_\_\_ I will return the technology device to the school whenever I am asked to do so by school personnel.
- \_\_\_\_\_ I will immediately report device damage to a staff member.
- \_\_\_\_\_ I will not use the technology device, in or out of school, for inappropriate or unlawful purposes in accordance with KCS Board Policy.
- \_\_\_\_\_ I understand that if this technology device is lost or stolen, I will immediately notify school administration.
- \_\_\_\_\_ I understand that my parents/guardians and I are responsible for costs associated with loss, damages, or theft of the technology device.
- \_\_\_\_\_ I agree to return the technology device to the assigned cart at the end of each class period.
- \_\_\_\_\_ I agree to keep my login information confidential.
- \_\_\_\_\_ I understand that failure to comply with any of the guidelines and policies may result in suspension of the use of the technology device.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Student Signature