



First Time Logging In? Please Read...

1. Click on the green button that says "Create Parent Account"
2. Follow the simple instructions to enter your basic contact information, If you know your child's student ID, then choose the "Add Enrolled Child" option to link your students to your account using their Student ID and Date of Birth (student IDs are on your student's schedule, their home access card, or their lunch card)

User Login

Email



Having trouble logging in ?

Password
(Case Sensitive)



Forgot your Password?

Remember Me

Login

Create New Parent Account



Register With ZippSlip

Please fill in your basic information in all the fields below

1. First Name

Last Name

1.

2. Email

2.

Don't have an email?

3. Create Password

Confirm Password

3.

Your password must be at least 6 characters with at least one number and one letter

4. Mobile Number

4.

Send school activity text notifications and reminders

5.

Create Account

By Clicking Create Account you agree to [ZippSlip Terms and Conditions](#) and privacy statement. I understand that this is an optional service and i may continue to use paper based forms if i wish.

Already have an Account

Please login if you have already registered with us.

Login





Enter Your Enrolled Students' Information

We will add your students to your account. Please specify the Student ID and Date of Birth of all your students attending this district/school.



Student Id

Date of Birth

Add Student

Please enter your child's
Student ID number. It is the
10 digit, school assigned ID.

1.

2.

3.

Go ahead I am done



Enter Your Enrolled Students' Information

We will add your students to your account. Please specify the Student ID and Date of Birth of all your students attending this district/school.

Id - 1234599999 X

MS

Milton Student2
14 Years Old, Grade 9
Milton High School

Student Id

Date of Birth CALENDAR

Add Student

Click here if you have other students at Milton. You will do this for each child.

Go ahead I am done ←

Click here if the student ID, name, and birthday are correct AND you have NO other students at Milton.



Thank You

You have successfully sign up to ZippSlip.

Please Click the button below to login - you must login to complete any school forms or view other important information from the district.

Login





Fulton County Public Schools



First Time Logging In? Please Read...

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User Login

Email



1.

Having trouble logging in ?



2.

Forgot your Password?

Remember Me

Login

3.

Create New Parent Account

Create Electronic ZippPIN

Please create your electronic ZippPIN. You will need this to electronically sign forms.

New Electronic Signature
ZippPIN

(Must be 4-6 digits.)

Confirm Electronic Signature
ZippPIN

Submit

**Create your ZippPIN code
in this box. DO NOT share
that code with your child.**

Welcome Brian (Parent) ▾ Logout Select Language ▾

Fulton County Public Schools

ZIPP SLIP

Home School Calendar Forms/Activities

Search for Activities/Forms 

My Dashboard

School Communications – Please View/Respond

Communication	Child Name	Consent/View Deadline	Respond/View
Device User Agreement 2016-17 School Year	Milton Student2	Tue, 01 Nov 9:00 AM	Respond Now

Previously Viewed/Responded

No upcoming activities

Welcome to ZippSlip!

To get started, click on the **“Respond Now”** button under Activities that Need Your Response.

You can view your activities and other school activities in list or calendar formats – click **“View All”** or **“School Calendar”**

Ok 

Change Electronic ZippPIN

About ZippSlip Suggestion and Support Terms and Conditions

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**My Dashboard**

Add Another Child

View All

— School Communications – Please View/Respond

Communication	Child Name	Consent/View Deadline	Respond/View
Packet Device User Agreement 2016-17 School Year	Milton Student2 <i>Your response needed.</i>	Tue, 01 Nov 9:00 AM	Respond Now

**— Previously Viewed/Responded School Communications***No upcoming activities***SIGNING OFF ON DEVICE USER AGREEMENT:**

1. Make sure your child/children are reading/understand the agreement while you are completing this process.
2. Click the Respond Now button
3. Follow prompts on site AFTER reading the agreements

**Full replacement cost for devices includes the device, all accessories, software licenses and setup.*

Theft:

If the device is stolen during the time that it is issued to the student, the student and the student's parent/guardian will be responsible for filing a police report and submitting it to the school administration.

Failure to Return a Device or Accessories upon Withdrawal from the School:

A student who fails to return a device or any accessories without reporting them lost or stolen will be responsible for the full replacement cost of the items that were not returned.

Insurance:

Parents can choose to purchase insurance for the device. Many insurance companies ask families to mail devices directly to the company for repair/replacement. **Parents MAY ONLY use insurance companies with repair centers authorized by the device manufacturer**, to avoid voiding our warranties.

Fulton has looked into insurance companies that have been popular with families and confirmed that as of June 2016:

- [Worth Ave Group](#) uses authorized repair centers for **ALL of our devices** so this may be an option for families.

Note that insurance companies typically cover theft, but not loss of a device.

This information is provided for convenience only. The District does not endorse any particular insurance provider, and each family should carefully verify the services provided by any insurance provider as a company's policy can change.

While you may purchase insurance for your device or your homeowner's insurance may cover the device, the District will not be responsible for communicating with your insurance provider. You remain solely responsible for paying fines directly to the District.

[View Description in New Window](#)

Choose YES to start your response on this activity request.

◀ Back

✓ YES, Start Response



1. I will take good care of my school-issued device.
 - a. Cords and cables must be inserted carefully into the device to prevent damage.
 - b. Devices must never be left in an unlocked locker, unlocked car or any unsupervised area.
 - c. Report any software/hardware issues to your teacher as soon as possible.
 - d. Keep the device in a well-protected, temperature controlled environment when not in use.
2. I will never loan out my school-issued device to other individuals.
3. I will keep food and beverages away from my device since they may cause damage to the device.
4. I will not disassemble, jail break or hack into any part of my or any school-issued device or attempt any repairs.
5. I will protect my school-issued device by only carrying it while in the case provided.
6. I will use my school-issued device in ways that are appropriate and meet the school's expectations—whether at school, at home, or anywhere else. If I use my device in a way that is inappropriate, I may be disciplined by the school.
7. I will not place decorations (such as stickers, markers, etc.) on the school-issued device. I will not deface the serial number sticker on any school-issued device.
8. I understand that my school-issued device is subject to inspection at any time without notice and remains the property of the Fulton County Schools. Nothing I do with the device is private, and nothing I have on the device is private.
9. I will not share my password(s) with anyone other than a teacher or adult from my school or my parent/guardian.
10. I understand that if I damage or lose my device, or if it is stolen, I will have to pay a fine.

Student Name

Milton A Student2

I, the student, agrees to the rules set forth in the Device User Agreement and the Student Pledge. *

Yes

1.

Date *

2.

Make sure your child understands AND agrees to the terms above BEFORE you click here!

Back Cancel Save & Next

3.



Forms Packet: Device User Agreement 2016-17 School Year

Child: Milton A Student2

Electronic Form 2 of 2:
Device User Agreement - PARENT PERMISSION AND RELEASE
PAGE

1 Overview

2 Complete
Forms

3 Submit Forms

By electronically signing below, you indicate that you have read and understand the guidelines in this document, and accept the issuance of a device to your student. You understand that your student is responsible for damage, loss or theft of the device while in his/her care and agree to the fines outlined in this document.

Lost/stolen

- 1st offense \$250
- 2nd and subsequent offense(s): full replacement cost \$885* ?

Damaged

- 1st offense: \$100
- 2nd and subsequent offense(s): \$300

Accessories – Lost or damaged

- Keyboard - \$130 each
- Pen – \$60 each
- Case – \$40 each
- Power Brick – \$20 each
- Power cord (USB) – \$20 each

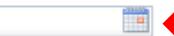
You understand and agree that, while off school grounds, you are solely responsible for monitoring the student's use of the device and the content that is accessible through any wireless network. You understand that students will be subject to disciplinary action if they use the device for inappropriate or prohibited activities, whether on or off school grounds.

You and your student agree that the District is not responsible for anything that happens with this device. You agree that your student uses this device at his/her own risk.

Parent Name

Brian Jones

Date *



1.

Enter your ZippPIN
code here!

2.

Enter ZippPIN

Electronic Signature ZippPIN Required

By entering my Electronic Signature ZippPIN, I agree to use this electronic form and I agree and consent to the information entered in this form.

Forgot your ZippPIN? Change your Electronic ZippPIN [here](#)

« Back

Cancel

Save & Next >

3.



Home School Calendar Forms/Activities

Forms Packet: Device User Agreement 2016-17 School Year

Child: Milton Student2

1 Overview

2 Complete Forms

3 Submit Forms

To complete the electronic response, click the green "Submit Forms" button below. You can also send the teacher or activity administrator a note by entering text into the field below.

Notes to the school staff assigned to this activity, if any

Mark ZippNote as: ! Important + Medical

Add your notes

◀ Back

Finish Later

Submit Forms



Confirmation

You have responded to this activity. You can find this activity in the Forms/Activities, calendar or through search.

[Do not show this again](#)

Ok



THAT'S IT! You have signed off on the Device User Agreement. If you are having ANY issues with this process, please contact Justin Bacile at bacilej@fultonschools.org or 470-254-2889. Mr. Bacile's office is in the 1380 suite.

Hard copies of the Device User Agreement are available in the FRONT OFFICE and in SUITE 1380.

THANK YOU for your support during this process.