

Student 1-to-1 Laptop Agreement

COVID-19 Continuous Learning*



Student Name: _____
First Name Middle Name Last Name

Student ID (if known): _____ School Name: _____

PARENTS / GUARDIANS:

I have paid the \$25.00 fee for my child to participate in this program:

Yes _____ No (waived*) **X**

I have reviewed and accept:

_____ 1-to-1 Student Laptop Usage and Safety Information for Parents

_____ Student 1-to-1 Laptop Expectations and Responsibilities Document

Email Address: _____ Phone Number: _____

Print Name: _____

Signature: _____ Date: _____

STUDENT:

By signing below, I understand that I am participating in the Student 1-to-1 Laptop Program.

I have reviewed and accept:

_____ 1-to-1 Student Laptop Usage and Safety Information for Students

_____ Student 1-to-1 Laptop Expectations and Responsibilities Document

Signature: _____ Date: _____

RETURN OF THE DEVICES:

Please email laptops@seattleschools.org to schedule a return of the device at the end of the school year.

Any Questions, Repairs, Lost or Stolen Device, please call: 206-252-0100

The above student has received:

_____ Student 1-to-1 Laptop Laptop Barcode Number: _____

_____ Student 1-to-1 Mobile Hotspot Mobile Hotspot IMEI number: _____

*The fees have been temporarily waived for the COVID-19 Continuous Learning