

ANNUAL STUDENT AND PARENT/GUARDIAN AUTHORIZATION FORM
Dare County Schools Student Laptop User Agreement

PLEASE PRINT ALL INFORMATION

Student Name: _____
Last Name First Name Student ID #

Name of School _____ School Year _____

Parent/Guardian Name: _____
Last Name First Name

Parent Email Address: _____

Mailing Address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please Select One of the Following Options for School/Home Use of Laptop:

- We request a laptop to be issued for at-school and off-campus use. My insurance fee of \$25.00 accompanies this form.
- We request a laptop to be issued for at-school use only (does not require insurance fee).

Signatures

By signing this form, the student and the student’s parent/guardian certify that they have attended the required orientation meeting or have viewed the required online orientation and have carefully read, understand, and accept the preceding terms and conditions set forth in Policy Code 3230-R, which will govern the student’s use of any laptop issued to the student by Dare County Schools. The student and the student’s parent/guardian also certify that they will comply with these regulations at all times. Any charges, fines, fees, or legal costs resulting from a student’s noncompliance with these regulations, including but not limited to violations of the United States copyright laws, are the sole responsibility of the student and the student’s parent/guardian.

Student Signature Date

Parent/Guardian Signature Date

(RETURN THIS FORM TO YOUR SCHOOL)