Student 1:1 Laptop Agreement

Online Learning*

1. Student Name: ______________________  ______________________  _______________________
   First Name   Middle Name   Last Name

2. Student ID (if known): ___________________  School Name:  _______________________________

PARENTS / GUARDIANS:

3. I have paid the $25.00 fee for my child to participate in this program:
   Yes ____  No (waived*)  X

4. I have reviewed and accept:
   _____  1:1 Student Laptop Usage and Safety Information for Parents
   _____  Student 1:1 Laptop Expectations and Responsibilities Document

5. Email Address: _______________________________  Phone Number: __________________________

6. Print Name:  ___________________________________________________________________________
   Signature:  ____________________________________________________  Date: ____________________

STUDENT:

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

1. I have reviewed and accept:
   _____  1:1 Student Laptop Usage and Safety Information for Students
   _____  Student 1:1 Laptop Expectations and Responsibilities Document

2. 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 1:1 Laptop                   Barcode Number:  __________________
_____  Student 1:1 Mobile Hotspot   IMEI number:  ______________________

*The fees have been temporarily waived for the Online Learning