



EAST LYME PUBLIC SCHOOLS

165 Boston Post Road, PO Box 220

East Lyme, CT 06333

2020-2021 One-to-One Device Program Acceptable Use Agreement

REQUIRED TO BE FILLED OUT AND RETURNED 1 of 2

I have read the East Lyme Public Schools One to One Device Program Guidelines and all referenced Board policies.

1. I understand the procedures and requirements to which my child must comply, including the Responsible Use Policy.
2. I accept responsibility for any damage or neglect that may result from my child while the device is in his/her possession or control, which may result in monetary charges.
3. I understand that my child may lose his/her device privileges and/or incur financial fees as a result of inappropriate behavior, damage, neglect, or loss to any District Device.
4. I understand my child must return the device, power adapter and cable when requested at the end of the school year. I understand that I will be charged for any missing or damaged equipment and cables.

I give East Lyme Public Schools permissions to use my Free and Reduced Lunch Program status to participate in the One to One Program.

Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Signature

Date: _____



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2020 – 2021 Device Insurance Program

REQUIRED TO BE FILLED OUT AND RETURNED 2 of 2

As stated in the Board of Education One-to-One Device Program Policy

Parents/students have the option of participating in the District's self-insurance program at a cost, which provides limited protection in the event of negligent loss or damage to the device, OR denying the insurance and assuming full responsibility for damage, theft or loss.

Insurance can only be purchased within 31 days from the time the laptop was deployed.

- Option 1** - Up to two incident coverage for the year - \$30
- Option 2** - **I do not wish to participate in the District's self-insurance policy,** and understand that any physical damage caused will result in responsibility for full payment to repair damages or replace the device.

Central Office will reach out to you in writing in regard to processing insurance payment for OPTING IN to Insurance Coverage within the coming days.

I understand and agree to the information and terms of the optional 1:1 Device Insurance agreement, and agree to the option selected above:

Student - Print your name here: _____

Legal Parent/Guardian (Print): _____

Legal Parent/Guardian (Signature): _____

Date: _____