

## iPad Care and Use Agreement Form – 2017-2018

Student Name (Print) \_\_\_\_\_ Grade 9 10 11 12

I understand that I am being issued an iPad for use during the school year by Valley Lutheran High School.

I agree to abide by all of the guidelines and policies listed in the iPad Care and Use Handbook, and the Campus Technology Policy.

I agree to return my iPad at the end of the school year, or earlier if I withdraw from Valley Lutheran High School. I agree to take proper care of my iPad to prevent damage, loss, or theft, and understand and agree that in the event of damage, loss, or theft, I will be held responsible for the cost of repairs or replacement, up to a maximum of \$400.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_