

Must be filled out in PEN and Signed by the Parent/Guardian
DEADLINE FOR RETURN September 22, 2017

Plainfield Public Schools
Mobile Device Usage
Agreement Form

Student name: _____

Student ID # _____

School: BOAACD Cedarbrook Maxson Hubbard PAAAS PHS

Grade: 6th 7th 8th 9th 10th 11th 12th

I, _____, **do want** my student to be given a 1:1 device to be used at home for the 2017-2018 school year. I agree that my student and I have read and will comply with all procedures within the "1:1 Mobile Device Procedures Manual" found on the district website. I understand that this policy covers one (1) mobile device that is the property of Plainfield Public Schools described within for one student.

Parent/Guardian (Please print first & last name): _____

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

I, _____, **do NOT** want my student to be given a 1:1 device to be used at home for the 2017-2018 school year.
Parent/Guardian (Please print first & last name): _____

Parent/Guardian Signature: _____ Date: _____

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