

Laptop Acknowledgement Form

PLEASE SIGN BOTH SIDES

Student Identification Number: _____

CHECK ONE!:

- I, _____, agree to pay \$60 for insurance coverage.
- I, _____, waive insurance fee of \$60 for the Celina Independent School District Laptop Initiative. I agree to repair or replace laptop and/or accessories in case of any damage or loss.
- I decline the use of a district supplied technology device and agree to supply my own **Apple** device for use at school. I agree to pay \$20 to have my device put under management allowing my device to receive updates, apps, and wireless access.

Student Printed Legal Name: _____

Student Acknowledgement Signature: _____

Grade: _____

Date: _____

Parent Printed Legal Name: _____

Parent Acknowledgement Signature: _____

By signing above, I acknowledge and agree to all of the terms and conditions listed.

For Administrative Use ONLY

Check # _____

School Bucks

Cash

Amount \$ _____

Laptop ID _____