

School Use Only:
 GRADE: _____
 LETTER: _____



School Use Only:
 PAID: Date: _____ Initials: _____
 Cash
 Check

Insurance Agreement and Enrollment 2020-21

Fill out, sign, and return with any payment.

Student Name: _____ Grade: _____ 800#: _____

School (Please Circle): LMS FMS PRHS PRISC LHS/IHS
 B/S GB KK PB VP WP

The Student Use Agreement does not include everything that may possibly happen during the school year. If any situation not specifically covered should arise, the administration will make every effort to act fairly and quickly. Each situation is different and will be handled on an individual basis. Take the time to know the rules and regulations you are expected to follow and many of the minor problems can be avoided. If you have questions or problems, please see the principal.

I have received, read, and discussed with my child the terms of this agreement and the policies listed in the Student iPad Use Agreement. I understand the terms of the Student Acceptable Use Agreement and the options for insurance coverage of the iPad.

INSURANCE FOR ACCIDENTAL DAMAGE, THEFT, OR FIRE: Following are the three options that are available for these types of losses, and the student/parent must commit to one by checking the appropriate box.

- No Insurance** You agree to pay for the replacement and repair of the iPad at a cost estimated to be \$350 should the iPad be stolen or damaged.
- Personal Insurance** You will cover the iPad under your own insurance policy and in the case of accidental damage, theft, loss, or damage by fire, you agree to pay PRJUSD the amount received from your insurance company plus any additional amount needed to cover the iPad replacement estimated to be \$350.
- School District Protection** You choose to pay PRJUSD an annual protection payment for coverage of accidental damage or theft to the iPad in the amount of \$20.00 or \$50.00 for family coverage when there are more than two children using iPads. The \$20.00 payment is non-refundable. This annual coverage begins upon receipt of the payment and ends at the conclusion of each school year. Cash accepted or checks payable to Paso Robles JUSD. Charge cords and bricks (\$25 replacement fee) are NOT covered under the insurance policy.

Charge	Damage Incident #1 Deductible or Payment	Damage Incident #2 Deductible or Payment	Damage Incident #3 Deductible or Payment
Deductible With District Insurance	\$50	\$75	\$100
Payment due without district insurance	\$350 (prorated for used devices)	\$350 (prorated for used devices)	\$350 (prorated for used devices)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

**MUST HAVE BOTH SIDES OF THIS FORM FILLED OUT BY
 THE STUDENT AND THE PARENT AT START OF EACH SCHOOL YEAR**



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT STUDENT ACCEPTABLE USE POLICY
REQUIRED SIGNATURES

I, _____ (print student's name) and my parent or guardian, _____, agree to all of the provisions regarding student use of technology resources on district premises or at a school-sponsored event.

STUDENT: I have received, read, understand, and agree to abide by this Student Acceptable Use Policy and other applicable laws and district policies and regulations governing the use of district technology. I understand that there is no expectation of privacy when using district technology. I further understand that any violation may result in loss of user privileges, disciplinary action, and/or appropriate legal action.

PARENT OR GUARDIAN: If the student is under 18 years of age, a parent/guardian must also read and sign the agreement. As the parent/guardian of the above-named student, I have read, understand, and agree that my child shall comply with the terms of the Student Acceptable Use Policy. By signing this agreement, I give permission for my child to use district technology and/or to access the school's computer network and the Internet. I understand that, despite the district's best efforts, it is impossible for the school to restrict access to all offensive and controversial materials. I agree to release from liability, indemnify, and hold harmless the school, district, and district personnel against all claims, damages, and costs that may result from my child's use of district technology or the failure of any technology protection measures used by the district. Further, I accept full responsibility for supervision of my child's use of his/her access account if and when such access is not in the school setting.

Please sign and acknowledge acceptance of these policies.

Student Signature: _____

School: _____ Grade: _____

Parent/Guardian Signature: _____ Date _____

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