

# CMS 1:1 Technology Program Participation Agreement 2016-2017

*Please choose one and provide the necessary information.*

I wish for my student to participate in the CCSS 1:1 Technology Program during the 2016-2017 school year. My child and I have read, understand, and agree to the stipulations set forth in the CCSS Responsible Use Policy and 1:1 Procedures in the Students' Rights and Responsibilities Handbook.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Printed Name                          Student's Signature                          Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian's Printed Name                          Parent/Guardian's Signature                          Date

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian's Preferred Email                          Parent/Guardian's Preferred Phone Number

Damages resulting in destruction (repair not possible, as deemed by CCSS IT) or loss of a device will result in the student and parents being financially obligated for *replacement* costs. Current *replacement* costs are as follows: laptop, \$860; charger, \$45; and case, \$40.

Parents may elect to purchase a **theft policy** through Worth Ave. Group at <http://www.worthavegroup.com/laptop-insurance/> or 1-(800)-620-2885. Worth Ave. Group writes policies to cover students' 1 to 1 technology devices.

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I do not provide permission for my child to participate in the CCSS 1:1 Technology. I want my child to complete coursework through the use of pen and paper. I understand that my child is responsible for the completion of all assignments, even those which require technology.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Printed Name                          Student's Signature                          Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian's Printed Name                          Parent/Guardian's Signature                          Date

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