



# Mobile Device Check Out Form

Student First Name: \_\_\_\_\_

Student Last Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Device Asset Tag #: \_\_\_\_\_

Device Serial #: \_\_\_\_\_

This is a duplicate check out form also found in the SUSD 1:1 Student Mobile Device Handbook on the District web site (<http://www.sylvan.k12.ca.us>)

## STUDENT

I have read and understand the SUSD 1:1 Student Mobile Device Handbook. I agree to comply with the terms and conditions stated in the handbook.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## PARENT OR GUARDIAN

I am the parent or legal guardian of \_\_\_\_\_. I have read and understand the SUSD 1:1 Student Mobile Device Handbook. I agree to comply with the terms and conditions stated in the handbook. I will make every effort to ensure that my child or ward also will comply with the terms and conditions stated in the handbook.

I understand that it is impossible for the district to control and restrict access to all controversial or inappropriate material that may be accessible through the district's student mobile device.

\_\_\_\_\_  
Parent or Guardian's Name: (Please print):

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Voluntary Mobile Device Insurance



Enrollment begins August 7th and ends September 7th.

Term 1 Year:

iPad Air - \$23.01

iPad 2 - \$24.92

Sign up here:

<https://www.worthavegroup.com/gpo/sylvank12>