

Sapulpa Public Schools





Responsible Use Agreement

				Kes	porisibi	e Ose	Agreei	пепі					
Student N	ame (pr	int):											
School:	Fre	HPE	JHE	Lib	SVES	SMS	SJH	SHS	BA	Virtual			
Grade: Pl	к к	1	2	3	4	5	6	7	8	9	10	11	12
I, the Pare	ent/Guar	dian, un	derstar	nd that	I am ex	pected	to:						
SuperEnsurPay th	vise and e my chi ne cost o if not co	Id meets I monitor Id takes to f repairin overed by ot Spot a	my chil the Hot g or rep the SF	d's use Spot to placing to SS STIP	(includir the librathe the Hot s	ng onlin ary imm Spot / C	e) of th nediatel Charger	e Hot S y when should	pot aw repairs the de	ay from are need vice be	school eded, damag		, or

I, the Student, understand that I am expected to:

- Take responsible steps to prevent the Hot Spot from being damaged, lost or stolen,
- Bring the Hot Spot to the library immediately when repairs are needed,
- Not allow another person outside my family to use the Hot Spot,
- Leave all SPS labeling in place including the SPS Asset Tag,
- Use the Hot Spot in a responsible manner.
- Not make any unauthorized modifications to the Hot Spot,
- Follow the district's policies and rules (including acceptable use policy) and abide by all local, state, and federal laws,
- Return the Hot Spot and charger when requested or when I withdraw from SPS.

I understand that SPS monitors the use of the Hot Spot and any inappropriate use may result in loss of the privilege of using a Hot Spot,

I understand that violation of any of these rules / laws will result in disciplinary action.

If I deliberately damage, or through gross negligence, allow damage or theft to my Hot Spot, I may be liable for replacement or repair and/or face disciplinary action up to and including loss of computer use privileges.

Sapulpa Public Schools maintains the right to obtain reimbursement from, or on behalf of, student/parents for any intentional damage to, loss of, or failure to return school property. Borrower acknowledges and agrees that borrower's use of district property is a privilege and that by borrower's agreement to the terms hereof, borrower acknowledges borrower's responsibility to protect and safeguard the district property and to return the same in good condition and repair upon request by the district.

Print Student Name	Signature	Date
Print Parent/Guardian Name	Signature	Date
Parent/Guardian Phone #	Parent/Guardian email	



Sapulpa Public Schools



Hot Spot (MiFi)

Student Technology Insurance Program

Student Nam	ne (prin	t):						_					
School:	Fre	НРЕ	JHE	Lib	SVES	SMS	SJH	SHS	BA	Virtual			
Grade: PK	K	1	2	3	4	5	6	7	8	9	10	11	12
Dama	bility to The insuexcept Ind is not Except Ind is not Extended articipat If any re Intendiction	purchasurance, where use. Keep pair or use are Nargers	se insur if purch noted or ndable or in min replace damage IOT cov must b	rance for hased, we therwise . This is ad, accoment of ment of wered by wered by	r 1:1 Institution of the coverage of the cover	struction rethement the recost to nearly properties of the second of the	nal Tecl pair or uparticip ogram a PS STIP or loss of d by the	replacer ate in the and fam agreer of the H stiP.	Initiation ment come STIF illes are ment, por lot Sport	ve Packa psts of the pis \$10 per encour e encour arents a t and/or	age for ne Hot S per Hot raged, k re respo Charge	the cur Spot (M Spot p out not onsible r.	rent liFi) er for
Lost or stolen Hot Spots must be reported to Sapulpa Public Schools immediately. Stolen Hot Spots must have a theft report from the appropriate law enforcement agency, signed by a parent in order to be covered by the STIP.													
SPS Insurance for Hot Spots													
YES, I would like to participate in the SPS Student Technology Insurance Program for Hot Spots. I understand this is a voluntary program that will reduce the cost for repair/loss that I may be subject to if the Hot Spots on loan to my student is damaged, lost or stolen.													
NO, I d I understand I replacement of to my child.	l will be	financia	ally resp		for all	damage	es and I	oss up	to the fi	ıll	r while (checke	d out
I have read and understand the rules and the financial responsibilities of the SPS STIP for Hot Spots. I agree to all terms and conditions of the program and voluntarily enroll my student(s) in the program for the current school year.													
Print Student	Name					Signa	ture			Da	ate		
Print Parent/	Guardia	an Nam	e			Signa	ture			Da	ate		
******	******	*****	*****	*****	*****	*****	*****	******	******	******	*****	*****	***
					STAF	F USE	ONLY						
Receipt: Y	N	Rece	ived By	y:		Paym	ent Me	thod:	(Cash C	heck #	!	_

JOM

MV