

Digital Device Loan Agreement

Student Last Name:	First Nam		:	Student #	
Student Phone:	ent Phone: Student Email:				
Parent/Guardian Last Nan	Name: First Name:				
Address:				Zip Code:	
Phone:	Email:				
Device:					
Serial#:					
Loan Period: School Year		5			
	ere is an annu			intenance of the device. As an evice at school.	
(Chec	(Check one)Paid		Opt-Out: In-school/Day User		
	unicated to pa			determined by the principal (or tages are provided as general	
	Age of Digital Device		% Assessment		
	One Year		100%		
	Two Years		90%		
	Three Years Four Years		80% 70%		
	1 our 1 ours		7070		
				School Board for actual breakage on the control of the School Board.	
By signing below, the borro and this Loan Agreement.	wer has read	and accepts all ter	ms and conditions of	the PWCS Digital Device handbook	
Student Signature:			Date:	:	
Parent/Guardian Signature:			Date	:	
The device listed on this for School Designee Name (prin School Designee Signature:	m was retur n	ed on:(date	e) 		
Date:					