PARENTS/GUARDIANS MUST COMPLETE ALL * SECTIONS



Student Support Computer Device/Equipment Check Out Agreement Form B (Please Print)

*Student Name______ School___**NORVIEW MIDDLE SCHOOL** *Parent/Guardian Name______*Email______*Email______ *Address____ * Phone Number_____ *Student Grade______ *Teacher (English) ______ Student User ID_____ NPS Inventory Tag Number This agreement must be completed and signed by the parent/guardian of the student who checks out any NPS computer device/equipment. The computer device/equipment is to be used for school related activities. The use of the computer device/equipment, including websites and documents, may be monitored. The computer device/equipment checked out to me must be returned in the same condition in which it was loaned without decorations, writing or changes. I am financially responsible for any damage, theft or loss to the computer device/equipment checked out. I understand that any computer device/equipment that NPS has checked out is the property of Norfolk Public Schools and is subject to the terms of this agreement. My signature indicates that I agree to all of the terms listed above and those that are in the NPS Student Handbook and the Acceptable Use Procedure (AUP) for Computer Systems. I understand and agree to the above requirements for the use of the electronic device/equipment checked out to me by Norfolk Public Schools. *(Parent/Guardian Signature and Date) * (Student Signature and Date) **NPS Authorizing Staff Use Only** 1. Check Out Location NORVIEW MIDDLE SCHOOL 2. Type/Name of Checked Out Computer Device CHROMEBOOK Computer Device Serial Number List Accessories (Charger, Cable, Case, etc.) NPS Inventory Tag Number (If Available) Destiny Barcode Number (If Available) 3. Type/Name of Checked Out Connection Device (If Applicable) Checked Out Connection Device Serial Number _____ NPS Inventory Tag Number (If Available) Destiny Barcode Number (If Available) ____ *Note - NPS staff must check for all included parts when checking out and checking in equipment. All parts are present on check out . All parts are present on return (NPS Staff Initial) (NPS Staff Initial) Check Out Staff (Print Name) _____ Check Out Staff Signature/Date _____

Check In Staff (Print Name) _____ Check In Staff Signature/Date _____