

WCCUSD

2016-17 Student Agreement for Use of Electronic Mobile Devices

(Please return all pages to the school/teacher)

Student Name (Print): _____ **ID:** _____

____ **No, I DO NOT give pe**

We have read the West Contra Costa Unified School District's Acceptable Use Policy and by signing below, both the parent and student agree to the terms of this policy.

Student Name (Print): _____

Student Signature: _____ **Date:** _____

Parent Name (Print): _____

Parent Signature: _____ **Date:** _____ **Address:**

Phone Number(s): _____

E-mail: _____

This form must be completed and returned to the school before students will be permitted to use any tablet/e-book readers at the school site.

This form will be kept in the student permanent cumulative record folder or a location determined by the school. The agreement contract will remain in effect for the entire time that this student will be enrolled in this school. It is understood that the parent/guardian has the responsibility to notify the school should name and/or guardianship changes or permission changes occur. Should such information change