

**MARYSVILLE PUBLIC SCHOOLS DISTRICT  
PARENT/STUDENT CONSENT FOR iPad PROGRAM**

As a student in this 1:1 iPad Program, I promise to:

- Transform my learning with appropriate use of the iPad.
- Become a student leader and always set a good example to other students of how technology can be used to transform Marysville Public Schools.
- Tell an adult if I see or read something inappropriate on my iPad. I understand internet safety is important, and I want to help us have the safest school possible.
- Share my knowledge and technology skills with other students and teachers when appropriate.

I have read and understand the above handbook for the 1:1 iPad Program and understand the additional responsibility that comes with participating in this program.

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

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

Google Email Account: \_\_\_\_\_

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As a parent in this 1:1 iPad Program, I promise to:

- Support my child's learning at school and at home.
- Acknowledge that the e-mail and Apple accounts on this device are mine and that all activities on these accounts are my responsibility and not the responsibility of the School District.
- Acknowledge that once this iPad leaves the school, Internet access will no longer go through the school's filter that monitors inappropriate Internet content and access.
- Provide safe access to the Internet and supervise the use of the iPad at home.
- Work closely with teacher and administrators to help solve problems that may arise.

I have read and understand the above handbook for the 1:1 iPad Program and understand the additional responsibility that comes with participating in this program.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**iPad Serial Number:** \_\_\_\_\_