

## SALIDA SCHOOL DISTRICT R-32-J

## **BOARD OF EDUCATION**

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## **Assigned Laptop Computer Student/Parent/District Agreement**

Student Name:	Student Assigned Email:
Parent Name:	Parent Address:
Parent Phone:	Parent Email:
Device Model: (staff entered)	Device ID: (staff entered)
Please indicate any damage. If none, write none.	
Screen:	
Shell:	
Keyboard (Missing Keys):	
Our student <b>does not</b> need a school issued laptop. The during the school day and for hours outside of the school day	ney have a laptop and charger they will be able to utilize both y.
OR	
·	rger. Our signatures below indicate that we have read and ignment. A copy of the laptop policy is on the school website. and the District internet policy.
not in compliance with school rules including failure to meet	
Student Signature Pa Date:	rent or Guardian Signature