

# DECORAH HIGH SCHOOL DIGITAL LEARNING ENVIRONMENT ACKNOWLEDGEMENT FORM

**Student Name** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

*Please review this document carefully. When signed by the student and his/her parent or guardian, it becomes an agreement between the student, parent/guardian, and the Decorah Community School District. Signatures indicate an agreement to abide by the conditions and guidelines established here.*

- I have read and understand the Equipment, Distribution, and Collection section of the DHS Digital Learning Environment Program Expectations, which explains the procedures for check out and check in of the digital device.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the DHS Digital Learning Environment Program Expectations, I understand that I am responsible for the general care of the digital device that has been issued by the school. This includes charging, storing, carrying, and securing the digital device.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the DHS Digital Learning Environment Program Expectations, I understand that my digital device is intended to be used at school each day, therefore, my digital device will come to school fully charged.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the DHS Digital Learning Environment Program Expectations, I understand that I may not load any additional software or apps to my digital device and that my digital device is subject to inspection at any time without notice and that the digital device remains the property of the Decorah Community School District at all times.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the DHS Digital Learning Environment Program Expectations, I understand that being a good digital citizen is critical to the success of this initiative. Parents, students, and DHS faculty and staff play an important role as well.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the DHS Digital Learning Environment Program Expectations, I understand that my family is financially responsible if damage or loss occurs to the digital device.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

- As stated in the Decorah Community School District Student Computer/Internet Usage Acceptable Use Policy, I understand that the use of this digital device is a privilege, not a right. I will use the digital device in a responsible and ethical manner, obeying general rules as stated in the Acceptable Use Policy and any other pertinent District policies and applicable rules.

Student: \_\_\_\_\_ Parent: \_\_\_\_\_ Date: \_\_\_\_\_

*As the parent or guardian of this student, I have read, understand and agree to abide by all of the provisions of this Agreement, and the Decorah High School Digital Learning Environment Program Expectations and the Decorah Community School District Acceptable Use Policy, which are incorporated herein by this reference, and I agree to comply with any other pertinent District Policies and applicable laws. I understand that this access is designed for educational purposes. I hereby give permission for my son/daughter to use electronic information resources.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY:**

**Date Student received computer** \_\_\_\_\_ **DCSD Tag #** \_\_\_\_\_ **DHS Staff Initial** \_\_\_\_\_