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James L. Henderson, Ed.D., Superintendent of Schools

Connecting for Success: Fiery Child, Fiery Classroom, Fiery Day

## **HCCSD** Computing Device Acceptance Agreement

This document certifies the agreement between Holmes County Consolidated School District (HCCSD) and the parent and/or legal guardian of a HCCSD student.

## LOSS, THEFT OR FULL DAMAGE

If a device is stolen, the parent/guardian of the student should immediately notify the school administration. At that time, the user or the parent/guardian will be required to file a police report. Once a police report has been filed, the district, in conjunction with the local law enforcement agency may deploy locating software to aid authorities in recovering the device. It is imperative that a lost or stolen device be reported immediately. If the stolen device is not reported within three calendar days to a district school administrator, the parent/guardian will be responsible for **full replacement cost**.

If a device is damaged, lost or stolen as a result of irresponsible behavior, the user or the parent may be responsible for the full replacement cost. The user or the parent/guardian will be responsible for full replacement cost of the device if not reported to district personnel within calendar three days of missing or damaged device.

In the event that a device is damaged, lost or stolen, the user will be assessed a deductible for the repair or replacement of the device for the first occurrence per device.

Students who leave the district during the school year must return all devices and additional accessories to the school administrator.

I, \_\_\_\_\_, accept this HCCSD Computing Device

(Serial # \_\_\_\_\_) and the responsibility for its care and return during the

2019-20 academic school year.

My signature affirms my acceptance of the expectations of this agreement.

| Signature of Parent/G             | ıardian             | Date         |                |
|-----------------------------------|---------------------|--------------|----------------|
| Student Name                      |                     | Grade        |                |
| Signature of HCCSD Representative |                     | Date         |                |
|                                   | (it)                |              |                |
| <b>313 Olive Street</b>           | Lexington, MS 39095 | 662.834.2175 | holmesccsd.org |