EAGLE PASS INDEPENDENT SCHOOL DISTRICT

TECHNOLOGY EQUIPMENT CHECK OUT AGREEMENT

WHILE THE PRIMARY PURPOSE OF THE DISTRICT'S TECHNOLOGY EQUIPMENT IS FOR USE ON SITE DURING THE INSTRUCTIONAL/WORK DAY, THERE ARE TIMES WHEN IT IS APPROPRIATE FOR STAFF AND STUDENTS TO CHECK OUT EQUIPMENT TO BE USED FOR EDUCATIONAL PURPOSES BEYOND THE WORK DAY AND OUTSIDE OF THE WORK ENVIRONMENT. THIS EQUIPMENT IS FOR EDUCATIONAL USE ONLY AND NO STAFF MEMBER OR STUDENT SHOULD USE EQUIPMENT FOR PERSONAL USE. ALL STAFF MEMBERS AND STUDENTS WILL BE REQUIRED TO SIGN THIS FORM ACKNOWLEDGING THAT THEY HAVE READ THIS AGREEMENT AND AGREE WITH THE DISTRICT'S POLICY AND REGULATION BEFORE EQUIPMENT CAN BE TAKEN TO A LOCATION OTHER THAN A SCHOOL DISTRICT FACILITY.

- 1. ALL USE OF THE EAGLE PASS INDEPENDENT SCHOOL DISTRICT'S TECHNOLOGY EQUIPMENT MUST BE FOR EDUCATIONAL PURPOSES. STAFF MEMBERS AND STUDENTS SHOULD NOT USE EQUIPMENT FOR PERSONAL, COMMERCIAL OR BUSINESS USE, OR FOR POLITICAL OR RELIGIOUS REASONS.
- 2. ANY STAFF MEMBER OR STUDENT CHECKING OUT TECHNOLOGY EQUIPMENT WILL NEED TO SUPPLY THE SCHOOL DISTRICT WITH A HOME OWNERS' OR APARTMENT RENTERS' INSURANCE POLICY NUMBER THAT WILL INSURE THE EQUIPMENT FROM THEFT, FIRE, FLOOD, LIGHTNING, ETC. WHILE THE EQUIPMENT IS IN THEIR POSSESSION.
- 3. IF SOMEONE DOES NOT WISH TO SUPPLY THE DISTRICT WITH THEIR INSURANCE POLICY NUMBER, THEY MUST SIGN A STATEMENT HOLDING THEM ACCOUNTABLE FOR ANY REPAIR COSTS OR THE REPLACEMENT COST OF THE ITEM NOT RETURNED.
- 4. ANY STUDENT MUST HAVE A PARENT OR GUARDIAN SIGN FOR RESPONSIBILITY OF THE EQUIPMENT WHILE IT IS IN THEIR CHILD'S POSSESSION.
- 5. TRAINING IN THE USE AND CARE OF TECHNICAL EQUIPMENT WILL BE PROVIDED BY THE APPROPRIATE SCHOOL OR DISTRICT STAFF MEMBER AND IS MANDATORY FOR THE PERSON CHECKING OUT EQUIPMENT AND HIS/HER GUARDIAN WHEN APPROPRIATE.
- 6. IT IS MANDATORY THAT THE TECHNOLOGY EQUIPMENT BE BROUGHT TO SCHOOL OR THE WORK PLACE FOR USE AS REQUIRED BY THE TEACHER OR ADMINISTRATOR.
- 7. THE TECHNOLOGY EQUIPMENT MUST BE RETURNED ON OR BEFORE THE DUE DATE ON THIS AGREEMENT.

I HAVE READ AND AGREE TO COMPLY WITH THE TECHNOLOGY EQUIPMENT CHECK OUT AGREEMENT. I UNDERSTAND THAT ANY VIOLATION OF THE PROCEDURES MAY RESULT IN MYSELF OR MY CHILD NOT HAVING ACCESS TO EQUIPMENT FOR USE AWAY FROM DISTRICT FACILITIES. I ALSO UNDERSTAND MY ACCOUNTABILITY AND RESPONSIBILITY FOR ANY EQUIPMENT I CHECK OUT.

EAGLE PASS INDEPENDENT SCHOOL DISTRICT

TECHNOLOGY EQUIPMENT CHECK OUT AGREEMENT

Item Checked Out:	
From School/Department:	
Return Due Date:	
Brand:	Model:
Serial Number:	Tag Number:
User Name (please print):	
User Name (signature):	Date:
User's Home Phone #:	User's Work Phone #
School/District Contact:	Date:
School/District Contact's (signature)	:
PARENT OR GUARDIAN If you are a student, a parent or gua	rdian must also read and sign this agreement.
Parent/Guardian (please print):	
Signature:	Date:
Home Address:	
Home Phone #:	Work Phone #:
Because I choose not to supply a ho	pmeowners'/renters/ insurance policy number, I understand that I am if the item is not returned or the amount required for
User Name (please print):	
User Name (signature):	Date:
School/District Contact Person:	Date:
School/District Contact's (signature)	ŧ
PARENT OR GUARDIAN If you are a student, a parent or gua	rdian must also read and sign this agreement.
Parent/Guardian (please print):	
Signature:	Date: