



Please review the entirety of the *One-to-One Handbook* and sign below stating that you have read and support the

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Student Signature

Parent/Guardian Signature

Please sign that you are receiving a device from the Richmond County School System and that you will follow the procedures in

the Student Technology Loan Agreement. Also, you understand that if insurance is not purchased, the replacement cost of the Device Type: \_\_\_\_\_

**Student Information**

SID#\_300: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent/Guardian Printed Name

Parent/Guardian Signature

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

