Chromebook/Macbook Computer Acceptance Form - 2026-2027:

I understand that the Chromebook/Macbook computer and related equipment I am being issued is the property of the Springville School District. I agree to all of the terms and conditions of the Springville Chromebook/Macbook Policy and the Springville policy on appropriate use of the computers, computer network systems, and the internet. I will return the Chromebook/Macbook computer and any related equipment I am issued in the same condition in which I received it. Failure to abide by the acceptable use policy could result in loss of privileges or further disciplinary measures deemed appropriate by the administration.

In signing this agreement I/we agree to allow my/our son/daughter to be issued a Chromebook/Macbook for use at school. We agree to pay for any costs associated with damage to the device in accordance with this policy. We also agree to let our son/daughter take the Chromebook/Macbook out of school unless we have arranged to have the Chromebook/Macbook stay at school through communication with the school.

Student's printed name: _____ Grade: _____

Student signature: _____ Date: _____

Parent Signature: _____ Date: _____

***MacBook/*Chromebook Protection Coverage - Grades 3-12**

The optional fee for the 2026-2027 school year is $60 per student or maximum of $100 per family for Chromebooks and Macbooks. Paying this fee covers loss due to fire, flood, natural disasters, vandalism, power surges, and accidental damages, and does not remove any obligations stated in the loan agreement. This fee is non-refundable regardless of leaving the district, disciplinary reasons, early graduation, etc. that would cause a student to no longer have a Chromebook/Macbook. If the device is lost or the damage is purposeful or done via willful neglect, any repairs/replacement will be billed up to the full cost.

___ I agree to pay $60 per year ($100 max per family) for coverage of the Chromebook/Macbook to cover loss due to accidental damages and understand this fee does not cover loss, willful neglect, or misuse that causes damage.

____ I am declining to pay the $60 per year ($100 max per family) coverage fee. By declining, I acknowledge that any damage outside of typical manufacturer defects will be my responsibility and I will be billed and pay for those damages.

Parent Signature: _____ Date: _____