NESHAMINY TECHNOLOGY FEE PAYMENT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Printed Student Name:	Grade:Sandburg
Payment Method: (choose one) No Personal Checks v	vill be accepted
Cash \$30.00	
Money Order \$30.00Made payable to the Ne	shaminy School District
We have selected SchoolCafe to process our	payment, my transaction #is
1:1 SCHOOL DEVICE STUDENT PLEDGE FOR NES	SHAMINY SCHOOL DISTRICT
I know that I will be issued a school device each year, a guidelines for care of my school device.	and I want it to be well maintained. Therefore, I will follow the
the warranty. 9. I will protect my device by storing it in the protective 10. I will not leave my device in a parked car. 11. I will not place unapproved decorations (stickers, roward) 12. I will not take off, destroy, markup any identifiable 13. I understand that mydevice is subject to inspection of Neshaminy School District. 14. I will follow Neshaminy School District's Acceptable devices (Board Policy #811, which can be found on 15. I will use the district-provided technology resource 16. I will file a police report in case of theft. 17. I will be responsible for all damage or loss caused 18. I agree to return the device, power cords, and cast District. 19. I agree to pay for the replacement parts for the foll damaged: Chromebook/iPad Case (\$35.00), Chromedook/iPad Case (\$35.00), Chromed	ce since they may cause damage to it. y device or authorize any outside repairs. These could void we case provided by the District. markers, etc.) on the device. information that is attached to the device or case. In at any time without notice and that it remains the property e Use Policy (AUP) and guidelines when using technology in the District website). s for educational purposes only. by neglect or abuse. e in good condition immediately upon request by the lowing in the event any of these items are lost, stolen, or promebook/iPad Power Adaptor (\$30.00). Pach school year. If I withdraw, am suspended or expelled, in the school issued device on the date of termination. issued device if I fail to return it at the end of the school and that failure to return the device subjects me to criminal fit report being filed with local police authorities. and have completed the Appropriate Use Agreement. My the indicate that I understand and will abide by the policies the policies and procedures of the Neshaminy School
Student Name (Please Print):	
Student Signature:	Date:
Parent Name (Please Print):	

Parent Signature: _____ Date: _____