

# **HORIZON MIDDLE SCHOOL ISSUED DEVICE PROGRAM AGREEMENT SIGNATURE PAGE**

Student's Name (First\_Last): \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home/Cell): \_\_\_\_\_ Work: \_\_\_\_\_

Parent Email: \_\_\_\_\_

By signing below, I agree to the terms and conditions stated in the Horizon Middle School Device Program Agreement. I understand that the device remains the property of Horizon Middle School & District 49 and must be returned at my departure of Horizon Middle School. I understand there is a mandatory \$30 tech/insurance fee for borrowing this device (this fee may be reduced or waived if you qualify for the Nutrition Services meal program).

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_