

IPAD PROTECTION PLAN

Please review the entire iPad Student Handbook prior to completing this form. The most recent version may be found at <http://www.northshoreschools.org/ipad>.

Date: _____

Grade Level: _____

Parent Name (Please Print): _____

Parent Signature: _____

Student Name (Please Print): _____

Required attachment: \$50.00 check or money order payable to North Shore Schools

You agree to pay the District a non-refundable fee of \$50.00 for a non-transferrable protection plan that provides full coverage of theft, loss, or damage to one District-issued iPad. This Protection Plan is valid only for the iPad that is assigned to the student and will be in effect across all school years and extended breaks until the iPad becomes damaged or lost/stolen.

In cases of theft, vandalism and other criminal acts, a police report MUST be filed by the student or parent for the protection coverage to take place. Reports may be filed at the Third Police Precinct (214 Hillside Ave, Williston Park 11596). A copy of the police report must be provided to Central Office.

Protection plans do NOT cover the loss of any iPad accessories (power adapter, charge cable, protective case). Any attempt to repair the iPad with a third-party service will result in the nullification of the protection plan, and parents will assume the full cost of replacement (\$299).

IMPORTANT: Students who graduate, withdraw, are expelled, or terminate enrollment within the North Shore Schools for any other reason must return his or her individual school iPad to the Technology Office on or before the date of departure from the District. Protection Plans cannot be applied towards a missing iPad in this circumstance without an accompanying copy of a filed police report.

Please send this completed form with accompanying payment and any additional documentation (Memorandum, AUP) as required by your selected option to:

**North Shore CSD
Attn: Lois Straber
112 Franklin Avenue
Sea Cliff, NY 11579**

NORTH SHORE CENTRAL SCHOOL DISTRICT

IPAD MEMORANDUM OF UNDERSTANDING

By signing this Memorandum of Understanding, you and your child agree to accept all policies and procedures set forth in the iPad Student Handbook (<http://www.northshoreschools.org/ipad>), as well as all related documents including the iPad Protection Plan, the District Acceptable Use Policy, and the BYOD Agreement (if applicable). The District will not issue an iPad to your child nor allow his or her personal device to enroll in BYOD without consent to this Memorandum of Understanding.

I have reviewed, understand, and agree to comply with the above stipulations.

Date: _____ Grade Level: _____

Parent Name (Please Print): _____

Parent Signature: _____

Student Name (Please Print): _____

Please send this completed form to:

**North Shore CSD
Attn: Lois Straber
112 Franklin Avenue
Sea Cliff, NY 11579**

NORTH SHORE CENTRAL SCHOOL DISTRICT

STUDENT AUP AGREEMENT

I have read the North Shore School District Computer Network Introduction and the Terms and Conditions for Acceptable Use. I fully understand and will abide by the stated Terms and Conditions for the North Shore School District Computer Network. I understand that there is no privacy guarantee for e-mail or any use of the District Network.

I further understand that any violation of this Policy may result in disciplinary action and suspension and/or revocation of access privileges and/or legal action. Moreover, I am legally responsible for any action I take with regard to use of the Network and any evidence of violation of federal, state and/or local law will be forwarded to the proper authorities.

In consideration for the privilege of using the North Shore School District Computer Network, on behalf of myself, and my respective relatives, heirs, estates, and assigns, I hereby release and discharge the North Shore School District, and its respective officers, employees and agents, from any and all claims and liabilities arising out of or resulting from any use, operation, or inability to use the District Network. I further agree to defend and indemnify the District and hold the District harmless from and against any and all claims, proceedings, damages, injuries, liabilities, losses, costs, and expenses (including reasonable attorneys' fees) relating to any acts taken by me or material or information transmitted by me in connection with any use of the District Network.

Student Name (Please Print): _____

Student Signature: _____

Date: _____

Please send this completed form to:

North Shore CSD
Attn: Lois Straber
112 Franklin Avenue
Sea Cliff, NY 11579

NORTH SHORE CENTRAL SCHOOL DISTRICT
PARENT AUP AGREEMENT

As the parent or guardian of this student, I have read and fully understand the Introduction and the Terms and Conditions for Acceptable Technology Use in the North Shore School District Network. I understand that this access is designed for educational purposes only and have fully discussed this fact with my child. I assume responsibility for the content of messages transmitted or posted by my child.

I understand that although the North Shore School District has taken precautions to eliminate objectionable material, it is impossible for the North Shore School District to restrict all access to objectionable materials. I hereby give my permission to issue an account for my child and certify that the information contained on this form is correct. I understand that I am financially responsible for any and all charges made by my child to his or her account.

Finally, in consideration for my child's use of the District Network, on behalf of myself and my child, and our respective relatives, heirs, estates and assigns, I hereby release and discharge the North Shore School District, and its respective officers, employees and agents, for any and all claims and liabilities arising out of or resulting from my child's use, operation or inability to use the District Network. I further agree to defend and indemnify the District and hold the District harmless from and against any and all claims, proceedings, damages, injuries, liabilities, losses, costs, and expenses (including reasonable attorney's fees) relating to any acts taken by my child or material or information transmitted by my child in connection with any use of the District Network.

Parent or Guardian Name (Please Print): _____

Parent or Guardian Signature: _____

Date: _____

Please send this completed form to:

North Shore CSD
Attn: Lois Straber
112 Franklin Avenue
Sea Cliff, NY 11579