

Return this form  
on distribution day!

**Salem City Schools**  
**1:1 Chromebook and AUP Agreement Form**

You may find the AUP (Acceptable Use Policy) and Chromebook device policy on our website – SalemQuakers.org. Please read them before signing this policy agreement form. The 1:1 website page includes Chromebook distribution dates, details about the 1:1 Initiative, and insurance information.

**LIST ALL STUDENTS IN YOUR HOUSEHOLD GRADES 7-12**

Parent/Guardian Name: \_\_\_\_\_  
*Please Print*

To be completed annually by parent/guardian and students:

I have read and understand the **Acceptable Use Policy**, the **Chromebook Device Policy**, available insurance options, and I agree to abide by them:

Student Name	Student Signature	Grade Level	Date

I've read and understand the **Chromebook Insurance Policy**. I understand that I am liable for damages or loss to the Chromebook(s) issued to my student(s). Should I choose to purchase the optional insurance, I understand that a separate insurance policy is required for each device issued to my household.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date