

**ACKNOWLEDGEMENT OF RECEIPT**  
of the Student 1:1 Device & OXPS Guidelines

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ YOG \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I have read and understand the terms of the OXPS 1:1 device guidelines as well as the Acceptable Use Policy concerning technology in OXPS schools.

Parent/Guardian (please print): \_\_\_\_\_

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

As a student, my signature indicates that I have read and understand the terms of the Oxford Public School 1:1 device guidelines as well as the Acceptable Use Policy concerning technology in OXPS schools. I accept responsibility for abiding by the terms and conditions outlined in those documents.

(High School) Student (please print): \_\_\_\_\_

(High School) Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance Policy**

All chromebooks purchased for the Oxford Public Schools 1:1 program are covered by a 3 year manufacturer's warranty. This covers the Chromebook for manufacturing defects, parts and labor. This does **not** cover damage, loss, or theft. Any issues not covered by the warranty will be paid by the student or parent including full replacement value of the Chromebook.

We will offer additional, optional insurance coverage to families. The coverage offered provides full replacement coverage for a full calendar year. The Chromebook would be covered for accidental damage including drops, spills, theft, fire, flood, and natural disaster. The cost for this insurance will be \$30 and must be renewed annually.

\_\_\_\_\_ I request to purchase insurance policy at \$30 for the 2019-2020 school year. This policy expires on August 31, 2020

\_\_\_\_\_ I decline the insurance policy but understand I am responsible for the full cost of the device if it is damaged or stolen

Parent/Guardian (please print): \_\_\_\_\_

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

**Checks made payable to: Town of Oxford**

Please put student's name on memo line - one check can be written for multiple students, both forms should be submitted with check

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**Oxford Public School District Use Only:**

Chromebook Serial Number: \_\_\_\_\_ Initials of District Staff Member: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_ Payment Date: \_\_\_\_\_