

PLEASE RETURN TO SCHOOL - A DEVICE WILL NOT BE GIVEN OUT UNTIL THIS LETTER IS RETURNED

Pupil Device Loan

Parent/Carer Agreement Form

I understand that the device assigned to my child is the property of the Isle of Man Department of Education, Sport and Culture.

I agree to ensure, to the best of my endeavours, the security and correct handling of the device, (see below).

I understand that the device is for the use of my child only and that it is to be used for educational purposes only.

I will ensure that my child does not use it to access social networking sites and/or chat rooms.

I understand that the device is not to be taken off the Island.

I understand that any misuse or abuse of the device will result in it being withdrawn from my child.

I understand that any faults or problems should be reported directly to the school to enable repair and appropriate maintenance.

If the device is lost or mislaid I will notify the school immediately or if that is not possible I will notify the police and inform the school as soon as possible. This will enable the tracking system on the device to be accessed and the device located.

I understand that whilst the device is in my care that any damage or injury caused by the device will be my responsibility, e.g. leaving chargers plugged in and switched on but not attached to the device, or a cracked screen causing bodily harm.

I have checked the device when it was delivered and it is in good working order with no signs of damage.

Do...

- use the device in a safe and comfortable position.
- keep the device in its protective case at all times.
- store the device in a secure place when not in use
- keep the device as clean as possible with appropriate products.

Don't...

- use the device where someone might trip over the power cable.
- use or leave the device where it might fall.
- leave the device unattended and on view (e.g. through a window at home or in a car).
- place or consume drink or food near the device.

Pupil Device Loan Parent Agreement Form

Name of Pupil :

Name of Parent/Carer:

Address:

TelephoneNumber(s) :

Signed : parent/carers Date:.....