

Acceptable Use Policy

Student: I have read Dayspring Christian Academy's Acceptable Use Policy. I agree to follow the standards contained within this policy. I understand that if I violate any of these, my privileges may be terminated, and I may face other disciplinary measures. Further, I agree to use the Internet within the parameters set forth in this policy.

Student Printed Name: _____ Grade: _____

Student Signature: _____ Date: __/__/____

Parent: I have read the Acceptable Use Policy and give my consent for my child to use appropriate electronic devices, including the Internet, at school in accordance with its standards. I understand that my child shall be held accountable for any misconduct, and I will not hold Dayspring Christian Academy responsible for my child's behavior.

Parent Printed Name: _____

Parent Signature: _____ Date: __/__/____

Chromebook Addendum to the AUP

Student: I have read Dayspring Christian Academy's Chromebook Policy and FAQs. I agree to follow the standards contained within this policy. I understand that if I violate any of these, my privileges may be terminated, and I may face other disciplinary measures. Further, I agree to be held personally and financially accountable for my school-assigned Chromebook.

Student Printed Name: _____ Grade: _____

Student Signature: _____ Date: __/__/____

Parent: I have read the DCA Chromebook Policy and FAQs and give my consent for my child to be assigned a Google Chromebook. I understand that my child shall be held accountable for any misconduct, and I will not hold Dayspring Christian Academy responsible for my child's behavior. Further, I agree to be personally and financially accountable for my child's Chromebook.

Optional Insurance: For grades 6-12

Insurance is available on Chromebooks for the cost of \$30. This fee includes the entire duration of the current school year and will cover the cost of repairs in the event of: theft, and most types of accidental damage unless it was deemed intentional. **If electing to purchase the insurance, payment is due at the time that this sheet is returned. Please make a selection below regardless of whether you are electing or not electing.**

I am:

- Electing
- Not electing

to purchase the optional Chromebook insurance. Furthermore, if not electing, I understand that I will be held responsible for the cost to repair or replace the Chromebook (up to \$300) in the event that it is broken during the school year.

Parent Printed Name: _____

Parent Signature: _____ Date: __/__/____

Student Printed Name: _____ Grade: _____