Please return this agreement when the device is picked up.

HOUSTON COUNTY SCHOOLS STUDENT/PARENT DIGITAL DEVICE USE AGREEMENT

Student:		
Last	First	
Parent Name:	First	
Address:		
Home Phone:	Grade	
Cell Phone:	Work Phone:	
SCHOOLS: HCV #	Barcode:	
Any failure to comply may terminate my repossess the digital device and its access. 2. I agree to pay for any damages as applicated a series and accessories must be returned to any HCS digital device time without notice. 5. All devices and accessories must be returned to any HCS digital device I use and times remain so. My right of possession and accessories may be remained to any HCS digital device I use and times remain so. My right of possession and repossession and reposs	able.	lly inspected at any ounty Schools. Inty Schools and shall at all
device and its accessories that I take off pr	terms off this Agreement, including the timely remises, the school system or law enforcement idence, or other location of the digital device an ressories. Failure to return the digital device will ff's Department.	and its accessories, to take
SIGNATURES:		
Student	Parent/Guardian	Date