RONCALLI HIGH SCHOOL
Personal Electronic Device Request Form & Use Agreement

1. This Personal Electronic Device (PED) Use Agreement is valid for the 2019/20 school year only. This agreement is only valid after the student’s enrollment fee has been paid and a tuition payment plan is active, or the student has been accepted and verified by the WPCP.

2. Primary responsibility for providing a PED resides with the student’s family. Parents/guardians must demonstrate a compelling need for the school to lend their student a school-owned device by checking one of the boxes below.

3. Access to this PED has been established for educational purposes. The use of technology in violation of any policy may result in the loss of technology use privileges and/or disciplinary action by the school.

4. Roncalli High School reserves the right to limit a student’s access to the PED for any reason.

5. Students are required to keep the PED in the case provided by the school when not in use.

6. If the PED is damaged or not working properly, it must be returned to the Roncalli High School Technology Specialist for repair or replacement. If the problem is identified as warranty work, a spare device may be made available to the student. Students and parents/guardians are NOT authorized to attempt repairs themselves or to contract with any other individual or businesses for repair of the device.

7. Parents/guardians accept full responsibility for any loss, theft or damage to the PED and accessories while issued to their students. In the event of damage to the PED or accessories not covered by the device’s warranty, the parent/guardian will be responsible for the cost of repair. In the event the PED is returned damaged, all costs and fees related to the collection of the cost of repair will be the parent’s responsibility.

8. The PED is the property of Roncalli High School and must be returned prior to the end of the school year by the date designated by the school, or at termination of enrollment for any reason, in the condition in which it was issued. The parents/guardians will be responsible for reimbursing the school for the full purchase price of any device or accessory that is not returned.

☐ By checking this box, I indicate that I receive free or reduced-price meal benefits and grant permission to have my status confirmed by the Business Manager.

☐ By checking this box, I indicate that I am eligible for the Wisconsin Parental Choice Program and grant permission to have my status confirmed by the Business Manager.

Student Signature __________________________________________

Parent/Guardian Signature __________________________________

Date ________________

Return completed form to the Roncalli High School Business Office
(920) 686-8139; bstrawn@roncallijets.net