

**Orrick R-XI School District
Student Responsible Use Policy and Technology Usage Agreement**

I have read the Orrick R-XI Student Responsible Use Policy and Board Policies EHB and EHB-AP. I understand that by signing below I agree to all of the policies and the provisions that are set forth.

I understand that these policies are available on the district website or a hard copy may be obtained in either the high school or elementary office.

I understand that this form will be effective for the duration of attendance in the Orrick R-XI School District unless revoked or changes are made to school districts policies.

Student Name (Please Print): _____

Student Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

I have read the Orrick Elementary & High School iPad Insurance Policy and agree to its terms. I want to purchase

_____ Policy A in full _____ Policy A with a payment plan

_____ Policy B in full _____ Policy B with a payment plan

Parent/Guardian Signature

Date

Student Signature

Date