

Hamilton County Schools Technology Contract

HCDE 1:1 VISION

Through the 1:1 Technology Integration in Hamilton County Schools, we will meet our students' individual needs and introduce them to a world of possibilities by enhancing our curriculum through communication, collaboration, creativity, and critical thinking.

HCDE 1:1 EXPECTATIONS:

- All students will have their own Google account that is for school use only.
- Social Media (Facebook, Twitter, Instagram, Snapchat, etc.) is not allowed on school devices.
- Devices will be treated like school property.
- Parents will monitor use at home.
- Devices will be treated as school devices even when at home.
- Devices will be kept away from food and drink.
- Devices must be charged overnight.
- The body of the device cannot be personalized.
- If a student leaves their school, the device is to be returned to the school you are leaving.
- Earbuds are the only allowable listening accessory (as allowed by teachers). No Beats-type headphones.
- Students cannot download apps. Devices are on management system and monitored while at school and home.
- I understand that the device I am using is subject to inspection at any time without notice & it remains the property of Hamilton County Department of Education.
- I will follow the policies outlined in the HCDE Technology Compact while at school, as well as outside the school day.

PARENTS & GUARDIANS RESPONSIBILITY:

- I will file a police report in the case of theft or a damage report in the case of vandalism.
- I will be responsible for all damage or loss caused by neglect or abuse.
- I agree to the full replacement cost of the device & charger in the event that any of these items are lost or intentionally or irresponsibly damaged.

STUDENT CODE OF CONDUCT WITH DEVICES:

- I promise to tell my teacher, or another adult, immediately if I read or see something on my device that is inappropriate or makes me feel uncomfortable.
- I will not give any personal information, such as my last name, address, phone number, or name/address of my school to anyone without my teacher's permission.
- I will treat my device responsibly.
 - I will not eat or drink near my device.
 - I will not duplicate or download any copyrighted software to my device.
 - I will remain on educational appropriate sites at all times.
 - I will use my device as directed by my teachers; for classwork, homework, and any other required use.
 - Passwords will be required and are to be CONFIDENTIAL.
 - No photos or videos will be taken without specific permission from the teacher.

For School Personnel - Date Assigned:

Device s/n:
Device Asset Tag:
Charger number:




Coverage Includes

- NO CLAIMS LIMITS
- MALFUNCTION & DEFECT
- ACCIDENTAL DAMAGE
- LIQUID DAMAGE
- BATTERIES & POWER
- LOSS & THEFT

\$25.00
\$0 Repair & Replacement

ENROLL NOW FOR GUARANTEED COVERAGE!
Coverage Term Thru 07/31/21

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SMART • QUICK • EASY

We Are a Leading Provider in School Device Coverage and Repairs! With 10 years of experience and an A+ rating on the Better Business Bureau, Smart Tech has a proven record of quality service! It's no wonder that over 100 schools and districts across the country have chosen our company as a coverage provider for their school devices!

SmartTech Insurance

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or by phone: (877) 307-6777

Hamilton County Schools Technology Contract

Check off the boxes as you complete each section, and sign below:

- I have read, understood, and agree with Hamilton County's one-to-one technology expectations.
- I have read, understood, and agree with Hamilton County's one-to-one technology responsibilities.
- I have read, understood, and agree with Hamilton County's one-to-one technology student code of conduct with devices.
- I have been made aware of the insurance available for the device.

Student Name _____

I have read the expectations for the Hamilton County 1:1 Technology Integration. I understand what is expected of me and I agree to these terms.

Student Signature _____ **Date** _____

I understand what is expected of me and my student. I agree to these terms.

Parent/Guardian _____ **Date** _____