

# Langdon Area School District

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## High School Principal

Ethen Askvig

## Elementary School Principal

Todd Hetler

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## Board of Education

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## DEVICE CHECK OUT FORM

2021-2022

Langdon Area School District (LASD) students/parents are provided the opportunity to check out a device that is property of LASD so that they may continue using the technology away from the school facility. This device is to be used only for educational purposes. **No student/parent should use this LASD device for personal use of any kind.** The following procedures will serve as guideline for the use of the LASD device and their checkout to students/parents. All students/parents will be required to sign this form acknowledging that they have read and agree with the school system's device checkout policy. Please sign the bottom of this form to state that you agree to these responsibilities for you and your child. When this form is returned, signed, we will check out a device to your child(ren). The device information will be added to this form and a copy will be sent home.

1. All use of the school system's devices must be for educational purposes. Students/Parents are not to use the computers for personal, commercial, business, political or religious reasons.
2. Students/Parents who check out a device assume full responsibility for basic care of the device.
3. Students/Parents who check out a device assume full responsibility for security of the device.
4. Students/Parents who check out a device assume full responsibility for reporting device problems, breakage, and damage immediately to the school.
5. Students/Parents who check out a device assume full responsibility for repair cost due to intentional damage or damage due to neglect.
6. Students/Parents who check out a device assume full responsibility for replacement costs of the device in the event the student/parent loses possession of the device for any reason or in the event the device is destroyed or rendered useless due to damage while in the care of the student/parent, including loss of use due to left, fire, flood, lightning, or any other cause.

**I have read the Device Check out Procedure above and agree to comply with them as stated. I also understand that any violation of these procedures may constitute me or my child not having future access to a device for use away from the school facility.**

**CHECK MARK LINE IF YOU HAVE IT**

Device Type & Brand \_\_\_\_\_ Charger \_\_\_\_\_ Mouse \_\_\_\_\_  
Serial # \_\_\_\_\_

Device Type & Brand \_\_\_\_\_ Charger \_\_\_\_\_ Mouse \_\_\_\_\_  
Serial # \_\_\_\_\_

Device Type & Brand \_\_\_\_\_ Charger \_\_\_\_\_ Mouse \_\_\_\_\_  
Serial # \_\_\_\_\_

**I accept full responsibility for the replacement cost of the device I have checked out in the event of any loss or damage to this equipment in the amount determined by the LASD.**

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ Grade \_\_\_\_\_ DATE \_\_\_\_\_

PARENT \_\_\_\_\_ DATE \_\_\_\_\_