



HOLY FAMILY SCHOOL

Parent Agreement for Student iPad Use

I agree to the following conditions for Student iPad use:

- I understand that this iPad is property of the Department of Catholic Schools, Archdiocese of Los Angeles.
- I will be responsible for the \$75 deductible for accidental damage claims.
- I will be responsible for all damage or loss to the iPad caused by neglect or abuse.
- I understand that the iPads are for student use during the school year and will be collected in June.
- I agree to return the iPad, case, power adapter and cord in good working condition.

Student Name *(Please Print)*: _____

Parent Name *(Please Print)*: _____

Parent Signature: _____

Date: _____