

**Keya Paha County Schools
Technology Usage Agreement
and Protection Plan**

I, _____, agree that my student and I have read and
(Parent/Guardian)

will comply with all policy and procedures within the “KPCS Technology Usage Agreement” document. We wish to purchase the school-provided protection plan for \$35 annually which is non-refundable. I understand that this policy covers the device assigned to my student and also any device(s) that are checked out of the technology library. I also understand that by paying \$35, my child is allowed to take their school issued device(s) out of the building.

Parent/Guardian (Please print first & last name): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (Please print first & last name): _____

Student Signature: _____ Date: _____

Protection Plan Opt Out

I, _____, agree that my child and I do not wish to
(Parent/Guardian)

purchase the school-provided protection plan for \$35. I understand by not purchasing the school-provided protection plan my child will not be allowed to take devices out of the school building.

Parent/Guardian Signature: _____