

**West Mifflin Area School District
One-to-One Device Parent Consent
2022-2023**

This official document certifies that I have received the West Mifflin Area School District 1:1 laptop handbook and Code of Conduct, read its contents carefully. If at any time, I am unsure of the practices, procedures, responsibilities, or expectations as explained in the handbook, I will meet with my guidance counselor, principal, or teacher to clarify the matter.

_____ I understand the contents of the handbook and I agree to abide by all of the school rules. *Parent initials confirming receipt of handbook only

Please sign acknowledging permission for student to pick up and utilize district laptop. If student withdrawals from West Mifflin Area School District laptop must be returned before leaving the district. If not, parent will be held responsible for replacing equipment.

My child, _____ and I have agreed to the usage of a West Mifflin Area School District 1:1 Laptop for the 2022-2023 school year.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Student Name: _____ Student ID: _____

Student Signature: _____

We strongly encourage families to purchase the district insurance plan for their student's 1:1 device. Please complete the insurance form available on the district website and in the 1:1 handbook. Make check payable to: WMASD

Office Use Only: _____

Asset Tag#: _____

Date: _____