## St. Juliana School

## Contract for use of Electronic Reader and Technology Devices

Student:	Grade:
I would like to bring myagree to the following conditions:	to school and
<ul> <li>I understand that I may use the devi teacher approved activity.</li> </ul>	ice only to read or complete a
I know I cannot use it at school to pl	lay games.
I may use it only at teacher-approve	ed times.
I may not connect to the SJS network	k.
<ul> <li>I know that if I am using this device educational purposes it will be sent pick up. I will then not be allowed to the remainder of the school year.</li> </ul>	to the office for my parents to
<ul> <li>School personnel cannot fix problen equipment.</li> </ul>	ns that occur on any personal
Student Signature:	Date:
As a parent, I am aware of the guidelines f St. Juliana School and my child's teacher fr electronic reader or wireless device is dan	rom responsibility if the
Parent Signature:	Date:
Teacher Signature:	Date: