

# Haddon Township Public Schools One to One iPad Policy, Procedure and Information

User's Last Name: \_\_\_\_\_

User's First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

What is your relationship to student? \_\_\_\_\_

What is your home phone number? \_\_\_\_\_

What is your cellular phone number? \_\_\_\_\_

Circle one: User is    student    or    staff

What is the user's school? \_\_\_\_\_

What is the student's grade? \_\_\_\_\_

For elementary, what is the name of the student's teacher? \_\_\_\_\_

By signing below, I/we agree to the stipulations set forth in the iPad documents including the iPad one-to-one policy and the acceptable use policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date