

McMullen County ISD

Elementary Student Pledge for iPad Use

Please initial each statement showing that you have read, understand, and agree to it.

____ I will take good care of the iPad.

____ I will keep food and drinks away from the iPad.

____ I will go to the teacher if there are any problems with the iPad.

____ I will not update any apps or settings on the iPad.

____ I will keep the case on the iPad at all times.

____ I will use the iPad as a learning tool.

____ I will not remove the serial number on any iPad.

____ I will not place decorations such as stickers, markers, etc. on the iPad or iPad case.

____ I will follow the expectations outlined in the Acceptable Use Policy for McMullen County ISD while at school.

I understand and agree to the rules above.

Print Student Name: _____

Parent Signature: _____ Date: _____