

Payment and Refund Information

If withdrawing/transferring from Medford Public Schools and not expected to return no refund of the insurance fee is available.

If enrolling at Medford Public Schools, iPad payment is based on eligibility of Free/Reduced Lunch. There is a \$80 per family maximum.

| <u>Enrollment date range</u> | <u>Payment is:*</u> | <u>Payment Due</u> | <u>Students</u> | <u>Rate</u> | <u>Total</u> |
|------------------------------|---------------------|--------------------|-----------------|-------------|--------------|
| 1 st Quarter | \$40 | Full Insurance | | \$40 | |
| 2 nd Quarter | \$30 | Reduced Insurance | | \$20 | |
| 3 rd Quarter | \$20 | Free Insurance | | \$0 | |
| 4 th Quarter | \$10 | Total Due | | | |

*Reduced fees are available to students that qualify for free/reduced lunch.

Medford Public Schools

1:1 iPad Project Policies, Guidelines, & Agreement Form

Access to technology in the Medford Public School District has been established for educational purposes and opportunities. All use of MHS electronic technology must be used in support of educational programming. Students must comply with all district guidelines, policies, and agreements. The iPad is the property of Medford Public Schools and can be reviewed or seized at anytime. Students are to have NO expectation of privacy of materials or activity on the iPad.

Failure to comply with the 1:1 iPad Project guidelines as stated in this document along with all district policies including District Policy 524 Internet Acceptable Use and Safety Policy, District Policy 514 Bullying Prohibition, and District Policy 506 Student Discipline may result in the loss of privilege to take the iPad home, use the iPad, or other disciplinary actions as appropriate.

I have read all the policies and guidelines in the Medford Public Schools 1:1 iPad Project Policies, Guidelines, & Agreement document. I understand my responsibilities as a student participating in the iPad project:

Student Name: _____

Student Signature: _____

Date: _____

I/We have read all the policies and guidelines in the Medford Public Schools 1:1 iPad Project Policies, Guidelines, & Agreement document. I authorize District 763 to allow my student access to educational applications which may require a minimum age of 13 years or older. I understand my responsibilities as a parent/guardian participating in the iPad Project:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____