FILER SCHOOL DISTRICT #413
700-B Stevens Avenue
Filer, ID 83328
(208) 326-5981 / Fax (208) 326-3350

Kelli Schroeder, **Superintendent** Teresa Kullhem, **HR/Clerk** Arron Phinney, **Business Manager**

FSD Chromebook and Technology Use Agreement Valid for the 2026 - 2027 School Year

I have read and agreed to the FSD Chromebook and Technology Use Agreements:

- ☐ Internet Access Conduct Agreement (policy 3270P)
- ☐ Mobile Computing Device Agreement (policy 3275)
- ☐ District Provided Access to Electronic Information, Services, and Networks (policy 3270)

Student Signature: _____ Date:_____

Parent Signature: _____ Date:_____

Chromebook Incidental Coverage Form 2026-2027

Parent or Legal Guardian: As the parent/guardian of the above student (please initial one)

_____ I ***do*** wish to pay the $20 coverage.

_____ I do ***not*** wish to have the $20 coverage. I realize that I am fully responsible for the cost of any repairs necessary to the device and/or complete replacement.

Parent/Guardian Signature: _____ Date: _____
Contact Phone:_____