

**REQUEST TO AUTHORIZE STUDENT POSSESSION AND USE OF ELECTRONIC
READING DEVICES**

I request that my child, identified below, be authorized to possess and use an electronic reading device while on premises owned, rented or under the control of the School District of Hartford Jt. #1. I understand that if my child brings an electronic reading device to school he/she does so at his/her own risk and must store the equipment in his/her locker when not in use. I further understand that if the device is used in any way other than to read appropriate reading or research materials or other uses approved by District personnel, it will be considered a violation of School District policy, be confiscated and my child may be disciplined following School District policy.

I understand and agree, as does my child, that possession and use of an electronic reading device while on School District premises, is subject to school rules. Both my child and I have received, read, understand and agree to follow School District rules governing the use of electronic devices.

Name of Student: _____
(Print)

Name of Parent: _____
(Print)

Signature of Student _____ Date _____

Signature of Parent _____ Date _____