## **Tablet Agreement Form Babylon School District**

I agree that I have read and ful	ly understand the 1:1 Initiative – Stu	ident Tablet Procedures as outlined in this d	locument.
I further agree that I:			
<ul><li>Follow all rules and reg</li><li>Understand that the Ta</li><li>Babylon School District</li></ul>	ablet and all Office 365 components,	n School District Computer Network and Int , including but not limited to teacher files, e	·
Parent/Guardian First Name:	Parent/Guardian Last Name:	Student Name First and Last:	Grade:
Parent Signature:	Student Signature:	 :	
Date:	_		
For Internal Use Only:			
Date Distributed:	Distributed By:	Babylon ID#:	
Pen Power Sup	pply Bag/Sleeve	_ Case	