



**Digital Device Home/School Use Agreement: Consent Form**

I understand that by accepting a Fortis Academy iPad for myself/my child, I accept the conditions of the Digital Device Home/School Use Agreement and agree to act in accordance with the contents.

Student Name: \_\_\_\_\_ Year & Form: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by Fortis Academy:**

iPad Assigned: \_\_\_\_\_

Collected: iPad -  Charger -

Date Collected/Issued: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_