



TABLET SIGN OUT FORM & AGREEMENT

MINISTRY OF EDUCATION REPUBLIC OF PALAU

By signing below, I acknowledge receipt of tablet for use in line with the Ministry of Education requirements and Acceptable Use Policies. I duly agree to use all educational technology safely, responsibly, ethically, and to ensure that I take proper care and handling of the device. I further agree to be liable for the loss or damages to the device, up to the full replacement cost if such loss and damages are a direct result of intentional or negligent actions on my part just like any other school resources or textbooks.

No.	Student Name	Tablet Serial Number	MOE ID	STUDENT & PARENT SIGNATURES	4/20/2020 Date Returned:
1.					
2.					
3.					
4.					
5.					
6.					
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11.					
12.					
13.					
14.					
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18.					
19.					
20.					
21.					

Note: All tablets must be returned to school on April 20, 2020

School Name: _____

Grade Level: _____

Teacher's Signature _____

Date _____

Principal's Signature _____

Date _____