

6410 Courts Drive | Prince George, Virginia 23875 | (804) 733-2700

2021-2022 Student Technology Agreement

l agree to al	bide by the	PGCPS Stud	dent Device	Procedures
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Stu	dent	ID:

Student Name (Please Print):_____

Student Signature: _____

Parent Name (Please Print):_____

Parent Signature:

Date:_____

Option for damaged equipment:

District Use Only

Device	Fee	Paid:	Yes

No

Amount Paid:_____

Received By: _____

Date:_____