



Dakota Valley School District No. 61-8

Administration Center
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Board of Education Members

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Superintendent of Schools

Dr. Jerry Rasmussen

Technology Director

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High School Principal

Erik Sommervold

Middle School Principal

Harlan Halverson

Dear Parent,

Dakota Valley's 1:1 initiative is virtually unrivaled for a school of this size in the state of South Dakota. We are one of few schools that offers this technology for grades 6-12. With that said, please read the following carefully:

- Students are responsible to abide by Dakota Valley's Acceptable Network and Internet Use Policy. A \$25 reimaging fee will be charged for any unauthorized software installed on the computer.
- Students are responsible for the District owned equipment issued to them. As a parent/guardian you need to make sure your child understands that lost or intentionally damaged equipment will be fined accordingly.
- The District provides insurance for ADP (Accidental Damage Protection) for computers that are damaged without purposeful intent. Accidental Damage Protection includes scenarios such as a spill or dropped computer in accordance with Hewlett Packard's Warranty and Riverside Technologies ADP coverage.
- In the event of a lost or stolen computer Dakota Valley provides insurance for \$25. You can pay this when you get your registration packets or use alternatives such as your home owner's policy. If you opt for the District insurance you must report a lost or stolen computer within 48 hours.

Dakota Valley provides laptop bags for your student, any damage to these will be billed and not covered under the ADP Protection or Insurance Policy. If any coloring or defacing occurs you will be charged a replacement cost of \$30, this is not a book bag and the only items should include the computer and charger. Charges are the same for lost or missing items such as chargers and straps. The strap is \$7, charger \$45, and as stated above unauthorized software is a reimaging fee of \$25.

Parent Agreement: As a parent or guardian of this student, I have read the above and understand the information provided in accordance with board policy EHAB:

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (Please Print): _____



The Mission of the Dakota Valley School District is:



TO ENSURE ALL STUDENTS RECEIVE AN ENRICHED EDUCATIONAL EXPERIENCE IN A SAFE ENVIRONMENT