



Douglas County School System

One-to-One Learning Device Home Use

Opt Out Waiver

As the parent and/or legal guardian of the student, _____,

I do not wish for _____ to be issued a student learning device to be used at home. By signing, I agree to make provisions and give assurance that said student will have a device for the use of completing assignments when away from school.

Parent/Guardian Name (PRINT): _____ Date: _____

Parent/Guardian Signature: _____