



**Dear Parents:**

**We are sending you this form to determine which students will need technology in the event of a class closure due to COVID 19. Please fill in this form for each of your children, and return to your child's teacher asap.**

Name of your child at Clearpoint Elementary

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Your child's Homeroom number \_\_\_\_\_

Full name and email address of Parent replying to the survey

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Does your child have full access to technology all day at home should there be a closure?

- Yes, not a problem.
- No, my child will need technology

Do you accept responsibility for the return of loaned equipment (Chromebook and charging cord) promptly and in its original condition as borrowed and be financially responsible for the cost of any repair resulting from loss or damage while in use? \*

Yes, I accept \_\_\_\_\_  
(Parent's signature)