

**PCS SUPPLIED STUDENT DEVICE OPT OUT**

I opt out of my student receiving a PCS device. I will provide a personal device for my child to take back and forth to school fully charged each day and to use for remote and face to face learning. I assume all risk and responsibility for my student's personal device.

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Parent/ Guardian Name (Signature)

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Date

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Parent/ Guardian Name (Please Print)

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Student Name (Please Print)