



Application for MPS Student Cellular Hotspot Program

Program Purpose

This program provides a cellular hotspot device to families who lack reliable home internet access. The device is to be used exclusively by students in the household for educational purposes to support online learning, homework, and access to school-provided resources.

1. Family Information

- Parent/Guardian Name(s): _____
 - Home Address: _____
 - City, State, Zip: _____
 - Primary Phone Number: _____
 - Email Address: _____
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2. Student(s) Information

Please list all students in your household who will be using the hotspot.

- Student 1 Name: _____ Student ID: _____ School: _____
- Student 2 Name: _____ Student ID: _____ School: _____
- Student 3 Name: _____ Student ID: _____ School: _____
- Student 4 Name: _____ Student ID: _____ School: _____
- Student 5 Name: _____ Student ID: _____ School: _____
- Student 6 Name: _____ Student ID: _____ School: _____

3. Eligibility Confirmation

I certify that my family is currently enrolled in the **Free or Reduced-Price School Lunch Program**.

- ☐ Yes, we are certified to receive free or reduced-price school lunch.
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4. Hotspot Use Agreement

By signing this form, I agree to the following terms and conditions for the use of the school district's cellular hotspot device:

- **One Per Family:** I understand that only **one hotspot device** will be issued per household, regardless of the number of eligible students.
 - **Educational Use Only:** I agree that the device will be used exclusively for educational purposes by my student(s). Non-educational use, such as streaming movies or games, is prohibited.
 - **Acceptable Use Policy (AUP):** I agree that all use of the hotspot will comply with the school district's existing Acceptable Use Policy for technology. Board Policies [3116](#) and [5208](#).
 - **CIPA Compliance:** I understand that the device is filtered in compliance with the [Children's Internet Protection Act \(CIPA\)](#) to block harmful content. I will not attempt to bypass or disable this filtering.
 - **Care and Responsibility:** I will be responsible for the physical care and security of the device. I will keep it in a safe place and away from liquids, food, and extreme temperatures.
 - **Reporting:** I will immediately report any loss, theft, or damage to the device to the main office staff at my student's school.
 - **Ownership and Return:** I acknowledge that the hotspot device is the property of the school district. I agree to return the device and all accessories (charger, cables, case, etc.) at the end of the school year or if my student withdraws from the district.
 - **Consequences:** I understand that failure to return the device may result in a fee equivalent to its replacement cost. The district may also revoke the device and suspend service for any misuse or violation of this agreement.
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5. Signature

I have read, understand, and agree to the terms and conditions outlined above.

- **Parent/Guardian Signature:** _____
 - **Printed Name:** _____
 - **Date:** _____
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For Office Use Only

- **Date Received:** _____
- **Approved By:** _____
- **Hotspot Device Asset Tag Number:** _____
- **Distribution Date:** _____