

Bring Your Own Device (BYOD) Usage Agreement



Please read and complete both sides of the return slip, sign this agreement and RETURN the document to the student's home group teacher.

Carefully read the following student use guidelines and sign below:

1. The student takes full responsibility for her/his device. When the device is not in use in the classroom and at breaktimes it should be stored in their bag in a 'locked locker'. *The school will endeavour to support students in the security of their device.*
2. The student is responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device at school.
3. The school reserves the right to inspect a student's personal device if there is reason to believe that the student has violated **Moonta Area School** policies, administrative procedures, school rules or has engaged in other misconduct while using their personal device.
4. Violations of any **Moonta Area School** policy, administrative procedures or school rules involving a student's personally owned device may result in the loss of use of the device at school and/or disciplinary action.
5. The student must comply with teachers' request to 'shut down' the device, computer and/or close the screen in order to secure a student's attention.
6. The student **may not** use the devices to record, transmit or post photos or videos of a person or persons on campus. Nor can any images or video recorded at school be transmitted or posted at any time without the express permission of an administrator and/or teacher.
7. The student should only use their device to access relevant files, programs and school appropriate content.
8. The student will use **Moonta Area School's** secured wireless network responsibly and only access school relevant material.

Bring your own device

2020

✂ -----
DETACH AND RETURN TO CLASSROOM TEACHER.

The above information
can be kept at home.

Student name :

Year Level /Home Group Teacher

Parent name :

I understand and will abide by the policy and BYOD Usage Agreement guidelines. I further understand that any violation of the above will result in the loss of network and/or device privileges as well as other disciplinary action. As a parent I understand that my child will be responsible for abiding by the above policy and guidelines. I have read and discussed them with her/him and they understand the responsibility they have in the use of their personal device.

Student signature :

Date :

Parent/Care provider signature :

Date :

PLEASE FILL IN DEVICE DETAILS on the reverse of this page.

BYOD
2020



Bring your own device

2020



Please provide the following DEVICE details.

Device Brand and Name :
Details Model : Serial Number :

Name of Operating System :
eg (Microsoft Windows XP/VISTA/7/8 etc)

Name of active Virus Protection software :
eg (McAfee / Norton / AVG etc)

Is the device currently insured under a home policy? Yes No

BYOD
2020