

Willetton Primary School BYOD iPad Program Parent Agreement 2020

Student Name: _____ Room No: _____

My iPad serial number is: _____

My child will be participating in the Willetton Primary School BYOD iPad Program. I agree to the following:

- ☐ I have read and I agree to the BYOD iPad Student User Agreement for my child.
- ☐ I have made arrangements for my child's iPad to be covered by my insurance policy or have purchased insurance cover for their iPad.
- ☐ I understand private insurance is my **only** option to claim for any damage which may occur. The school takes no responsibility for loss, theft or damage to the iPads that are brought into Willetton PS.
- ☐ I accept that there will be further rules and guidelines for my child and their iPad use set in class by their teachers and the school.
- ☐ This agreement runs for this year and the following years that my child attends Willetton Primary School.
- ☐ I have clearly marked my child's iPad and cover with their name.
- ☐ That my child may lose the right to use the iPad if they do not use it appropriately and that if it is confiscated that I might be required to collect it from the school.
- ☐ To work with the school in helping my child to become a 21st century learner and a productive, positive digital citizen.

Parent or Caregiver Name: _____

Parent or Caregiver Signature: _____

Contact details: _____

Date: _____

This document should be completed and returned to school before the first day students need their iPads at school.