**WPS BYOD iPad Program**

**Acceptable Usage Policy Parent Agreement 2021**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No: \_\_\_\_\_\_\_\_\_

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 until the end of the year.

❑ I have clearly marked my child’s iPad and cover with their name.

❑ I understand that students found to be using devices in any way other than how they have been directed

by a member of staff will be banned from using **ANY** devices for a 1 week period (equivalent of 5 school days).

❑ I understand if a student breaks the rules for a 2nd time within one school year, they will be they will be

banned from using **ANY** devices for a 2-week period (equivalent of 10 school days).

❑ I understand if a student breaks the rules for a 3rd time within one school year, they will be removed from

the BYOD program for the remainder of that year.

❑ I will not use messenger or social media to communicate with my child during school hours.

❑ 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:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Without this form completed and handed in, your child will not be allowed to use their iPad at school***