

## WPS BYOD iPad Program Acceptable Usage Policy Parent Agreement 2021

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

Pad 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 21<sup>st</sup> 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 on the first day your child brings their iPad to school to use. Without this form completed and handed in, your child will not be allowed to use their iPad at school***