# **BYOD Participation Agreement**



Toolooa State High School

### **STUDENT AGREEMENT**

Student User Name (MIS)

**Form Class** 

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\_\_\_\_\_, (full name of student) understand

and agree to abide by the expectations outlined in this document. I also understand that there will be consequences as per the school's Student code of conduct if I breach these expectations.

By signing below, you are confirming that you have read and understood the expectations of device and network use at Toolooa SHS and that you will act in accordance with these expectations.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **PARENT/GUARDIAN AGREEMENT**

#### Network, Internet and Email Access

I understand that the internet can provide students with valuable learning experiences. I also understand that it gives access to information on computers around the world, that the school cannot control what is on those computers, and that a very small part of that information can be illegal, dangerous or offensive. I accept that, while teachers will always exercise their duty of care, protection against exposure to harmful information must depend finally upon responsible use by students. I understand that my child's personal information at times will be provided to third party software providers for the purpose of my child's registration and use of the software programs and that this information may be stored outside of Australia. I understand that appropriate action will be taken if the school decides the conditions of use have been breached by my child. This may include loss of internet access for some time.

By signing this form, I understand that I am agreeing to the school providing the following services to my child:

- Internet access under the conditions outlined in the Network User Policy.
- EQ email account under the conditions outlined in the Network User Policy.
- Student information being provided to third party providers (as listed above) for the provision of an educational service.

I understand and agree to the conditions of use for my child and the consequences outlined in the Digital Learning Expectations and Network User Policy. I also believe that my child understands and agrees to the conditions of use and consequences outlined in this policy.

Parent / Guardian Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Device details**

MAKE AND MODEL	
SERIAL NUMBER	
OPERATING SYSTEM	
SECURITY SOFTWARE DETAILS (LAPTOP ONLY)	

### Please retain this page for your reference.