Caringbah High School BYOD Student Agreement

Student Name: ..........................................................  Year: ......................

Students must read and sign the BYOD Student Agreement in the company of a parent or caregiver unless otherwise directed by the principal. Please refer to the DoENSW Online Communication Services – Acceptable Usage for School Students for more information.

I agree that I will abide by the school’s BYOD policy and that:

✔ I will use the department’s Wi-Fi network for learning.
✔ I will use my device during school activities at the direction of the teacher.
✔ I will not attach any school-owned equipment to my mobile device without the permission of the school.
✔ I will use my own portal/internet log-in details and will never share them with others.
✔ I will stay safe by not giving my personal information to strangers.
✔ I will not hack or bypass any hardware and software security implemented by the department or my school.
✔ I will not use my own device to knowingly search for, link to, access or send anything that is:
  - offensive
  - pornographic
  - threatening
  - abusive or
  - defamatory
  - considered to be bullying.
✔ I will report inappropriate behaviour and inappropriate material to my teacher.
✔ I understand that my activity on the internet is recorded and that these records may be used in investigations, court proceedings or for other legal reasons.
✔ I acknowledge that the school cannot be held responsible for any damage to, or theft of my device.
✔ I understand and have read the limitations of the manufacturer’s warranty on my device, both in duration and in coverage.
✔ I have read the BYOD Student Responsibilities document and agree to comply with the requirements.
✔ I have reviewed the BYOD Device Requirements document and have ensured my device meets the minimum outlined specifications.

Please print and sign document, then return to the front office.

………………………………………  in the presence of:  ………………………………………
(Print Student name)             (Print Parent/Caregiver name)

………………………………………     ………………………………………
Student signature              Parent/caregiver signature

Date: ___/___/____