Liverpool Girls' High School

Innovation Excellence Learning



learning

BYOD Student Agreement

Students who wish to take advantage of the BYOD framework must read and sign the BYOD Student Agreement in the company of a parent or caregiver unless otherwise directed by the Principal.

| 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 Acceptable Use of the Network and Internet framework and agree to comply with the requirements. | | |

| Student Signature | | Parent/Caregiver Signature | | |
|---|--|--|--|--|
| (Print Student Name) | | (Print Parent/Caregiver Name) | | |
| Date: | : in the presence of | of | | |
| Dato: | | | | |
| | I have read and discussed these documents with my chave in the use of their personal device. | nild and understand the responsibility they | | |
| | ☐ I understand that my child will be responsible for abiding by NSW Department of Education Online Communication Services: Acceptable Usage for Students. | | | |
| | ☐ Bring Your Own Device (BYOD) Framework and | | | |
| | □ Acceptable Use of Portable Technological Devices framework | | | |
| | Acceptable Use of the Network and Internet framework | | | |
| Parent/caregiver I understand that my child will be responsible for abiding by the Liverpool Girls' High School's: | | | | |
| | | | | |
| (Print Given Name and Family Name) | | | | |
| Studer | ent Name: | Roll Call: | | |
| | I understand that inappropriate use of my device may redisciplinary action and that any staff member has the rigare suspected violations of Liverpool Girls' High School' Communication Services: Acceptable Usage for Studen network/device privileges. | th to inspect and confiscate a device if there is BYOD policy and DEC Online | | |
| | I have read and will abide by the NSW Department of E Communication Services – Acceptable Usage for School | | | |
| | I have reviewed the BYOD Device Framework and have outlined specifications. | e ensured my device meets the minimum | | |
| U | with the requirements. | al Devices framework and agree to comply | | |

Please complete and return this form to Mrs Muriankary (Technology Support Officer) in the technology office.

