



BYOD Student / Parent Agreement



Student Name: _____ **Class:** _____

- I will be participating in the Black Hill Primary School 1:1 iPad Program.
- I have read and agree to the Digital Technologies Acceptable Use Agreement at Black Hill Primary School.

Signature of Student: _____

- I have read and discussed the attached Black Hill Primary School BYOD (Bring your Own Device) Policy with my child.
- I have clearly marked my child's iPad and cover with their name.
- I have made arrangements for my child's iPad to be covered by an insurance policy. I understand **private insurance is my responsibility** to claim for any damage which may occur. The school takes no responsibility for loss, theft or damage to iPads that are brought to school.

iPad serial number : _____

iPad name : _____

(This can be found in settings>general>about>name. This helps us if your child misplaces their iPad)

Student iPad Passcode: _____ - _____ - _____ - _____

(This is the lock code to access the iPad and helps us if your child forgets it.)

Name of Parent/Caregiver: _____

Signature of Parent/Caregiver: _____

Contact Phone Number: _____

(Until this document is signed, dated and returned to school, the student will not be able to access their iPad at school for any purpose.)