



## BRING YOUR OWN DEVICE (BYOD) AGREEMENT

### As a student, I agree to ....

- Store and manage my work so that it is always available at school.
- Charge my device at home and ensure it has enough charge to last the entire day at school.
- Use only learning apps and websites. Personal apps including games are for home use only.
- Communicate using kind words and images that support my own and others' learning.
- Respect the guidelines of the Digital Citizenship - Student Responsible Use Agreement.
- Store my device in the locked area in my class during break times. Devices are not to be used during break times.
- Care for and take responsibility for my device and any damages to it.
- Understand that I will still be expected to use pen and paper as part of my learning.

### As parent(s)/caregiver(s), I/we agree to ....

- Assist and encourage my child to meet the responsibilities of their BYOD agreement.
- Support the development of my child's personal responsibility towards the Digital Citizenship - Student Responsible Use Agreement.
- Discuss with my child how they are using their device to assist their learning, view the current learning, and provide oral and digital feedback where possible.
- Support the concept of collaborative learning and understand that at times my child will share their screen with others. My child, however, is in charge of his/her own device.
- Purchase and load any required apps onto my child's device and ensure anti-virus software is kept up to date.
- Accept responsibility for insurance of my child's device. I understand that the school holds no responsibility for any loss or damage that might occur.

### At Warkworth School, we agree to....

- Provide reliable access to the school network and the internet.
- Provide approved website filtering protection (N4L).
- Provide a lockable space for students to store their devices during break times.
- Provide education to students and their families on matters related to digital citizenship.
- Plan for and implement digital learning activities where the student's device can be utilised to enhance their learning.
- Notify parent/caregiver of any issues arising where the student struggles to meet the responsibilities of their BYOD agreement.

Student Name: \_\_\_\_\_

Signed: (Optional) \_\_\_\_\_  
Student

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

Parent/Caregiver Name: \_\_\_\_\_

Signed: \_\_\_\_\_  
Parent

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