Student BYOD iPad Program

Date

Parent/Guardian Signature

Parent/Guardian name

Student name

School

Student signature

I understand that I am responsible for the payment of repair or replacement of my iPad and any damage.

I will take my iPad into class and store it safely.

I will not take my iPad outside at break times.

I will ensure my iPad is used in an appropriate location and not taken outside at break times.

Within the Incident, I will follow the school's number and use it for tasks.

Learning and at school, I will only use it for tasks.

I understand that my iPad is a device to support my learning.

Address by my teacher:

When not being used, my iPad will be stored in a safe and secure place within my classroom.

When traveling to and from school, my iPad will be charged.

When dropping my iPad to school each day, fully

Year 5 & 6 2016-2017

Smart

Teacher permission:

Downloaded information and apps with parent or information on my device at any time. I will only allow my parents and teacher to view.