



Parent/Student Contract

****THIS FORM MUST BE SIGNED AND RETURNED IN ORDER FOR THE STUDENT TO BRING THEIR OWN DEVICE AND ACCESS SCHOOL TECHNOLOGY.**

My parents and I have read and discussed the BYOD Policy and I, [print student's name] _____ agree that when using my personal device or the school's technology:

- I will only use the technology under school personnel direction.
- I know that misuse of the technology could lead to disciplinary action.
- I will not share any personal information over the Internet.
- I am responsible for my own device.
- School staff is not responsible for any device lost, stolen, or damaged.
- I will adhere to the policies and procedures stated in the DeKalb County School Code of Conduct and any local school policies and procedures.
- No more than two devices per student
- MAC Address of Device 1 _____
- MAC Address of Device 2 _____

I, [print parent's name] _____

The parent/guardian of the above student, agree to accept all legal and financial obligations which may result from my son/daughter's use of DeKalb County School District's technology and Internet. I understand that school and district personnel are not responsible for personal devices that are lost, stolen, or damaged. I will not hold the school system responsible for inappropriate materials acquired through the Internet. Further, I accept responsibility for the actions of my child.

By signing below, we understand that the use of personal devices to support educational experiences is not a necessity but a privilege. With respect of the rules, this privilege will benefit the learning environment as a whole. When rules are abused, privileges will be taken away.

NOTE: The use of private wireless connections is not allowed!

Student's signature

Date

Parent's signature

Date