

BYOD PARENT AND STUDENT AGREEMENT FORM

Student Name: _____

Grade: _____

I/we have read the SCHOLARS Bring Your Own Device (BYOD) RESPONSIBLE USE AND AGREEMENT FORM and hereby agree to the conditions of use as stated in it.

I/we understand that this policy form and the privilege to use personal technology device at SCHOLARS may be revoked at any time.

I/we understand that any violations of this policy may result in access to the school network being withdrawn when used in conjunction with a personal technology device.

I/we give permission for (please print name) to use a personal technology device(s) on the school wireless network.

Device	Device Type, Brand and Model No	Virus software installed (if applicable?)
1		

Parent/guardian signature:

Date:

Student signature:

Hameed Ali Yahya K. M.
Principal
e-Safety Officer