

Southfield Public Schools

CONTRACT FOR BYOD(s)

STUDENT & PARENT/GUARDIAN

I understand and will follow SPS's Acceptable Use Policy while using my personal technology tools in the District. If I break this agreement, the consequences could include suspension of computer privileges and/or disciplinary actions.

I also understand that my school network resources are owned by SPS and are not private. SPS has the right to access my information at any time.

I understand that the SPS is in no way responsible for the loss or damage of any personal equipment.

Student (Please print)

Student Signature

Date

As the parent or guardian of this student, I have read and discussed with my child the Acceptable Use Policy. I understand that technology is provided for educational purposes in keeping with the academic goals of Southfield Public Schools and that student use for any other purpose is inappropriate. I recognize it is impossible for the school to restrict access to all controversial materials, and I will not hold the school responsible for materials acquired on the school network. I understand that my child/ren's computer activities at home should be supervised as they can affect the academic environment at school.

I hereby give permission for my child to bring the following device to school for educational purposes. I understand that the SPS is in no way responsible for the loss or damage of any personal equipment. The District recommends that parent or guardian purchase personal insurance to cover their child's equipment.

Parent or Guardian (please print)

Parent or Guardian Signature

Date

Phone number: _____

It is implied that by signing the Acceptable Use Policy and Contract for BYOD parents/guardians are consenting to their student's work being shared in a manner consistent with the Teacher Moderated Site Sharing Policy.

_____ **No, please do not share my child's media outside of the classroom.**