

Stafford County Public Schools
(B.Y.O.T.) Personally Owned Computing/Network Device Acceptance of
Responsibility and Device Use Agreement Permission Form

I/we give permission for our child/student, _____ to use a personal electronic device for
(Please print name)

Instructional purposes only and with teacher permission on the wireless network at _____ School.

I/we agree to allow my child/student to use his/her own device and further agree not to hold Stafford County Public Schools (SCPS) responsible for any device or data loss, theft, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of participation in this program. I understand that school based staff shall be unable to store, support or troubleshoot student owned devices. The student named above shall take full responsibility for the device and shall appropriately secure all devices when not in use.

SCPS uses technological measures such as filtering to promote internet safety. Filtering limits students' ability to access harmful internet sites from any device connected to the SCPS network, but only when this equipment is used in school on the SCPS network. Access through cellular networks does not provide the same measures of filtering. Students shall only use the SCPS network (**not a private cellular service**) for internet access during the instructional day while on SCPS property. I/we understand the above rules and policy for connecting a personal electronic device to the wireless network at school and agree to follow the rules outlined.

I/we have verified my child/student is aware that all aspects of the Stafford County Public School's *Student Responsibilities and Rights, Acceptable Use Policy for Network Access (AUP) and the SCPS Code of Student Conduct* apply to the use and care of his/her personal device(s) while on SCPS property or while involved in any SCPS sponsored event/activity.

I/we understand that the purpose of allowing my child/student to use his/her own device is to participate in **teacher approved** activities in support of the SCPS curriculum. Use of devices for non-instructional activities, unrelated to the SCPS educational program is prohibited during the school day.

I/we have read the SCPS Privately Owned Electronic Device Guidelines concerning the use and connection of privately owned electronic devices to the SCPS wireless network and understand and agree to the terms and conditions herein. I/we understand that this policy form and the privilege to use privately owned electronic devices in school can be revoked at any time.

I/we agree to allow our child/student to bring his/her personally owned computing device for instructional use in Stafford County Public Schools (SCPS). I/we understand that the child/student named above shall be permitted to use his/her personally owned device, subject to the conditions in this document.

I/we understand that assignments and projects may be posted to teacher approved blogs, Google Docs and other web 2.0 hosting sites. This may include personally identifiable information that may be classified as an educational record under **FERPA** (Family Education Records and Privacy Act).

I/we have signed and returned the Stafford County School Division Acceptable Use Policy for the child/student indicated above. I/we understand that violation of these provisions may result in the confiscation of a personal electronic device by the school administration, any other designated school division representative, or local law enforcement and that legal action may occur according to law.

I/we understand that we are responsible for compensating the school division for any losses, costs or damages incurred due to violations of SCPS Board policies/procedures and school rules by the child/student in conjunction with the use of his/her personal electronic device, including the cost of investigating such violations.

Parent Signature _____

Date: _____

Student Signature _____

Grade: _____

Date: _____

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