

High School Bring Your Own Device (BYOD) Consent Form

Student Name

Grade

Parent/Guardian Name

Device Type/Model

Device Serial Number

BYOD Policy Acknowledgement

I acknowledge that I have read and understood the school's BYOD policy.

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I understand that I am responsible for the safety, security, and appropriate use of my device at all times while at school.

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I agree to use the school's network and internet resources appropriately and in accordance with school guidelines.

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Additional Information / Notes (if any)

Student Signature

Date

Parent/Guardian Signature

Date