

PO BOX 77, SPRINGWOOD Q 4127 springwoodshs.eq.edu.au

BYOD Student/Parent Agreement Form

Name:

Principal's

signature:

Care Class:

Responsible use agreement

The following is to be read and completed by both the STUDENT and PARENT/CAREGIVER:

☐ I have read and unde Conduct available on		Springwood Sta	te High School Student Code of
\Box I agree to abide by th	e guidelines outlined by both d	ocuments.	
		-	he intent of the BYOD Charter and sult in consequences relative to
☐ The device my stude	nt will be bringing to school to e	engage in digital	learning activities is:
□ I understand that it is	my/my child's responsibility to	care for the dev	ice and it's appropriate use.
I acknowledge that th services.	e school is providing a 'Hot De	esk' for school IT	support and initial troubleshooting
	t if you would like your student r device. This will provide ther		ccess their School Network (H) of all their work on the school
Student's name:		School ID No:	
Other de motion de la motion de	(Please print)	Year:	
Student's signature:		Date:	1 1
Parent/Caregiver's name:			
Parent/Caregiver's signature:	(Please print)	Date:	1 1

う温め	Queensland
CERCE"	Queensland Government

Date: / /