



# Bring Your Own Device

## Student Agreement Form

2017-2018 School Year

### Purpose:

Wilson County Schools is proud to offer BYOD (Bring Your Own Device) for students at Fike High School this fall. Our new elearning initiative's mission is to prepare our students to be college and career ready. Leveraging digital technologies to improve student learning experiences is a key part in fulfilling that mission. Many students that we serve own devices such as tablets, laptops, and e-readers that can supplement their learning if used appropriately in the classroom. The purpose of the Bring our Own Device (BYOD) initiative is to move further into the digital learning age by facilitating safe and productive use of such devices and thereby to empower students to take more active ownership of their own learning. The opportunities are limitless, borderless, and instantaneous. In an effort to put students at the center and empower them to take control of their own learning, students wishing to participate must follow the responsibilities stated in the School Board's Acceptable Use Policy as well as the following guidelines:

### Logistics:

- The device must be approved by the WCS Technology Department. In order to be placed on the network, the student device will be checked for active virus protection and a legal version of an operating system software. Students will only be allowed one device. The device **cannot** be a cell phone. If the student wishes to change a device during the year, they will need to contact Mrs. Jobe.
- Once the device has been approved for use, the Students BYOD acceptable use policy must be signed.
- An individual search of the device and other stored files may be conducted if there is suspicion that policies or guidelines have been violated.
- WCS will not be responsible for loss or damage to personal devices.
- WCS will not service, troubleshoot, or repair any personal devices.
- Student agrees to Acceptable Use Policy 5451.

### Internet Access/Filtering

- It is the responsibility of the user to follow guidelines for appropriate use of the network and the Internet. WCS will not be responsible for any problems suffered while on the network or the Internet. Use of any information obtained through the Internet is at the user's own risk.

# **BYOD Policy Agreement**

*(Please complete one agreement per child)*

I have read, understand, and will abide by the Wilson County Schools' guidelines regarding district technology resource use (policy 5451 Acceptable Use Policy) and the BYOD guidelines as stated in this document. Should I commit any violation, my access privileges may be revoked, and school disciplinary action and/or appropriate legal action may be taken. I hereby agree to the above statements. I also understand that my right to use my personal device may be suspended if I do not adhere to AUP.

**Student Name (Please Print)** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent Name (Please Print)** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Please bring this completed form to the Media Center.  
If you have any questions, please contact Mrs. Jobe at 399-7905 x8316*