

William Ross State High School

2024 BYOD Application Form

This form must be signed and returned to the school office, before the device can be connected to the school network. Note both the parent/caregiver and student must have read the BYOD Policy and signed the application form.

In signing this form, I acknowledge that:

- The <u>device must be insured by the family</u>. The school is not responsible or liable for any damages.
- I have read and understood the school's BYOD Policy and the Responsible Behaviour Plan.
- I agree to abide by the guidelines outlined by both documents.
- I am aware that non-compliance with school policies while using my BYOD device will result in relevant consequences.

Student name:		
Year level:		School LOGIN:
Student's signature:		Date:
Parent/caregiver's name:		
Parent/caregiver signature:		Date:
LAPTOP DETAILS		
Type of Device (circle)	Windows	Apple
Brand / Make:		
(E.G. Acer)		
(E.d. Ficer)		
Anti virus programi		
Anti-virus program:		
(E.G. Norton's, McAfee etc)		
Office-suite:		
(E.G. Office 365 etc)		
(E.G. Office 365 etc) Insurance: (Insurer & type of cover)		

Note that this BYOD application / agreement will be considered to continue as long as:

- the student is currently enrolled at the school
- the student meets the school's behavior and educational expectations
- the student complies with our BYOD Policy and the department's Acceptable Computer Use and Internet Access Policy

Also note that should the student acquire a new/replacement BYOD device, this BYOD Application Form **must be resubmitted**, providing the school with updated device details. Failure to do so, will result in the new device being unable to connect to the school's ICT infrastructure. Other consequences may also apply.