

AP 334-1 Bring Your Own Device (BYOD) – Consent Form

This consent form is provided to parents/guardians and students so that an informed choice may be made with regard to consent to use a personal device, such as a laptop.

The Abbotsford School District recognizes that digital devices are valuable resources for learning. The Bring Your Own Device (BYOD) Program is an optional program available in some Middle and Secondary Schools, that allows students to use personal devices limited to laptops, Chromebooks or tablets. Smartphones are not included in the BYOD Program.

Participation in the BYOD Program requires district approval. The district expects that students should be using BYOD devices for educational purposes.

Although staff will endeavor to support students in the classroom, the district has no liability or responsibility at any time or location for technical support, device theft or damage, or loss of data. BYOD users are subject to school and class expectations, as well as AP 334 –Acceptable Use of Technology . The district, through school administrators, reserves the right to access any files on the device in case of misuse, suspicion of misuse, or other activities in violation of the district’s Student Code of Conduct. Misuse of devices may result in their removal from school networks and a request to remove the devices from school property.

Parents/Guardians may wish to include personal devices used on school property in their personal insurance coverage.

Student Consent

I agree that I will use my device appropriately and for learning.

Name of Student: _____

Student’s abbyschools email address: _____

Student Signature: _____

Parent/Guardian Consent

Select **only one** of the following:

I have read and understand the information above and consent to my child being involved in the Abbotsford School District BYOD Program. This consent will be considered valid from the date on which it is signed until completion of grade 12.

At this time, I do not consent to my child being involved in the Abbotsford School District’s BYOD Program.

Name of Student: _____ Student ID: _____ Grade: _____

Type of Device (Tablet, Chromebook, Laptop): _____ (No phones)

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____