BYOD POLICY

Any parent who wishes that their child use a personally owned electronic device at Westhill Institute must read and sign this agreement and submit to the classroom teacher.

1. The student takes full responsibility for his or her device. The school is not responsible for the security of the device. Devices will only be used in the classroom and not taken to brunch/lunch/dismissal.

2. The student is responsible for the proper care of their personal device, including any costs of repair, replacement or any modifications needed to use the device at school.

3. The school reserves the right to inspect a student’s personal device if there is reason to believe that the student has violated administrative procedures, school rules or has engaged in other misconduct while using their personal device.

4. Violations of any administrative procedures or school rules involving a student’s personally owned device may result in the loss of use of the device in school and/or disciplinary action.

5. The student must comply with teachers’ request to shutdown the device or close the screen.

6. The student may not use the devices to record, transmit or post photos or video of a person or persons on campus. Nor can any images or video recorded at school be transmitted or posted at any time without the express permission of a teacher.

7. The student should only use their device to access relevant resources.

Detach and return to homeroom teacher. Retain the information above.

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Student’s name ___________________ Homeroom Teachers __________________________

Parents’ names ______________________________________________________________

I understand and will abide by the above policy and guidelines. I further understand that any violation of the above may result in the loss of network and/or device privileges as well as other disciplinary action.

As a parent I understand that my child will be responsible for abiding by the above policy and guidelines. I have read and discussed them with her/him and they understand the responsibility they have in the use of their personal device.

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Parent’s Signature __________________________ Date ________________