

BRING YOUR OWN DEVICE

Clay County High Bring Your Own Device Policy Agreement (BYOD)

PLEASE RETURN THIS PAGE ONLY TO YOUR CHILD'S HOMEROOM TEACHER.

Student's Name _____ Homeroom Teacher _____

Parent's/Guardian's Name _____ Student's Grade _____

Electronic Device

Brand Name	Model No.
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Serial No.	Description
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I understand and will abide by the ***Bring Your Own Device (BYOD)*** guidelines. I further understand that any violation of the above may result in the loss of the electronic device privileges as well as other disciplinary action. **I understand my personal device may be searched if authorized school personnel has reasonable grounds to believe a search will reveal evidence of a violation of a school rule or law.**

As a parent, I understand that my child will be responsible for abiding by the Bring Your Own Device (BYOD) guidelines. I have read and discussed this document with him/her, and he/she understands the responsibility he/she has in the use of their personal electronic device.

Student's Signature

Date

Parent's/Guardian's Signature

Date

This document shall be kept on file as a legal, binding document. In order to modify or rescind the agreement, the student's parent/guardian (or the student who is at least 18 years old) must provide the Superintendent with a written request.