

Albany Schools Bring Your Own Device Program

Acceptable Use Agreement

Students in grades 11-12

Student's Name (please print): _____
First *Middle* *Last*

Parent/Guardian and Student:

We have read the Albany School District's Technology Acceptable Use Agreement, which is available on the Albany Schools Website (<http://www.albany.k12.wi.us>) (Board Policy 363.2).

Parent/Guardian:

I, the parent/guardian, have explained to my student what is expected, and I give my student permission to use the technology resources according to the regulations set forth in this agreement:

- Students should only use the wireless network channel provided by the District for Internet access while at school. Any use of 3G/4G or alternative Internet access is unauthorized and the District is not responsible for any charges incurred.
- Students and their families accept full responsibility for their device. The District is not responsible for damaged, lost, stolen, or misused personal devices.
- Students and their families accept full responsibility for maintenance of their device. The District is not responsible for maintaining personal property, nor will District staff repair any privately owned devices.
- Students and their families understand and agree to Board Policy #363.2 regarding Acceptable Use and Internet Safety.
- Sharing of personal devices is not condoned; the owner of a device accepts responsibility for all activity from/on the device.
- Any personally owned device that wishes to connect to the student network must first be registered with the Technology Technician, including brand/model and MAC address of the device.
- All relevant state statutes apply to the use of personal devices.
- District staff may examine personally-owned devices and search their content as permitted by state statute.

Parent/Guardian Signature: _____ Date: _____
I recognize that this digital signature takes place of a handwritten signature, pursuant to Wis Stats 137.15, 137.16, & 137.7.

Student: I have read, understand, and agree to abide by Albany School District's Technology Acceptable Use Agreement.

Student Signature: _____ Date: _____

I recognize that this digital signature takes place of a handwritten signature, pursuant to Wis Stats 137.15, 137.16, & 137.7.

IT DEPARTMENT USE ONLY

Device brand/model: _____

Device MAC Address: _____