

Students and parents/caregivers must read the ISB BYOL Policy and sign the ISB BYOL User Agreement in the company of a parent or caregiver unless otherwise directed by the principal.

Students will:

- ☐ use the School's Wi-Fi network for learning.
- ☐ use laptop device during school activities at the direction of the teacher;
- ☐ stay safe by not giving their personal information to strangers;
- ☐ use their own portal/Internet log-in details and will never share them with others;
- ☐ report inappropriate behaviour and inappropriate material to their teacher.

Students will not:

- ☐ attach any school-owned equipment to their mobile device without the permission of the school;
- ☐ use a mobile phone or tablet as a BYOL device;
- ☐ charge their device while at school;
- ☐ hack or bypass any hardware and software security implemented by the department or the school;
- ☐ use their device to knowingly search for, link to, access or send anything that is:
 - Offensive
 - Pornographic
 - Threatening
 - Abusive or
 - Defamatory
 - Considered to be bullying.

We understand:

- ☐ activity on the Internet is recorded and that these records may be used in investigations, court proceedings or for other legal reasons;
- ☐ that the school will not be held responsible for any damage to, or theft of my device;
- ☐ only the manufacturer's warranty is valid for the BYOL device, both in duration and in coverage;
- ☐ the content of the BYOL policy document and agree to comply with the regulations in it;
- ☐ the BYOL Hardware Specifications document and have ensured our device meets the minimum outlined specifications;
- ☐ the consequences of breaching the ISB BYOL policy.

Student Information (* Mandatory fields)

* NAME:	* PLEASE CIRCLE - YEAR: 5 6 7 8 9 10 11 12
* HOME ADDRESS:	
HOME PHONE:	STUDENT MOBILE NO:
FATHER'S MOBILE NO:	MOTHER'S MOBILE NO:
* TYPE OF DEVICE: LAPTOP	* DEVICE BRAND:
* WIRELESS ADDRESS: [See school TSO, if unsure]	* SERIAL NUMBER:

I agree that I will abide by the school's BYOL policy, and the above regulations by ISB.

Signed (Student) _____ Date _____

Signed (Parent / Guardian) _____ Date _____

Signed (School Official) _____ Date _____