



Liberty Union High School BYOD Form

I, _____ agree to allow _____

Name of parent or guardian

Name of student

to bring his/her personally-owned computing device to Liberty Union High School for educational use.

Device Type (make, model) _____

Permitted devices: tablets, laptops and Chromebooks. **No cell phones.**

I understand that the student named above will be permitted to use his/her personally-owned device, subject to the conditions in LUTS IT Department's Acceptable Use Policy. I understand that the Liberty Union-Thurston Local School District is not responsible for any device or data loss, theft, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of participation in this "bring your own device" program. I understand that Liberty Union Staff will not be responsible for the storage, support, or troubleshooting of student-owned devices. The student named above will take full responsibility for the device and will appropriately secure the device when not being used in the classroom.

LUTSD uses web filters to promote internet safety. Filtering limits students' ability to access harmful internet sites only when this equipment is used on the LUTSD network. **Internet access through cellular networks is not permitted.** Internet access, e-mail functions, and online storage at school will be limited to the LUTSD network and your child's LUTSD Google account.

I verify that my student has reviewed and signed the Liberty Union-Thurston School District **Acceptable Use Policy** Technology form.

I understand that the purpose of allowing my student to use his/her own device at school is to participate in teacher approved activities in support of the LUTSD curriculum. Use of devices for unrelated activities beyond or outside the LUTSD educational program are prohibited.

_____	__/__/__
Parent or Guardian's Signature	Date

Student Acceptance:

I will use my personal digital device only for schoolwork approved by my teacher. I will follow all of the rules of the Liberty Union Acceptable Use Policy.

Student Signature

__/__/__

Date

IT Department Approval

- Device Has Anti-Virus
- Device is acceptable for Classroom Use

Signature

__/__/__

Date