



Education &
Communities

Ulladulla High School & NSW Department of Education and Communities BRING YOUR OWN DEVICE (BYOD) STUDENT AGREEMENT

Students must read and sign the BYOD Student Agreement in the company of a parent or caregiver unless otherwise directed by the principal.

I agree that I will abide by the school's BYOD policy and that:

- I will use the department's Wi-Fi network for learning.
- I will use my device during school activities at the direction of the teacher.
- I will not attach any school-owned equipment to my mobile device without the permission of the school.
- I will use my own portal/internet log-in details and will never share them with others.
- I will stay safe by not giving my personal information to strangers.
- I will not hack or bypass any hardware and software security implemented by the department or my school.
- I will not use my own device to knowingly search for, link to, access or send anything that is:
 - offensive
 - pornographic
 - threatening
 - abusive or
 - defamatory
 - considered to be bullying.

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- I will report inappropriate behaviour and inappropriate material to my teacher.
- I will take full responsibility for the web content accessed via a personal hotspot or VPN and understand that these methods are not filtered by the school.
- I understand that my activity on the internet is recorded and that these records may be used in investigations, court proceedings or for other legal reasons.
- I acknowledge that the school cannot be held responsible for any damage to, or theft of my device.
- I understand and have read the limitations of the manufacturer's warranty on my device, both in duration and in coverage.
- I have read the BYOD Student Responsibilities document and agree to comply with the requirements.
- I have reviewed the BYOD Device Requirements document and have ensured my device meets the minimum outlined specifications.
- I have read and will abide by the NSW Department of Education and Communities [Student use of digital devices and online services](#) policy

Date: ___/___/___

Student name

in the presence of: _____
Parent/caregiver name

Student signature

Parent/caregiver signature

Once completed, please return to the TSO to be recorded

Please note: All students must retain the BYOD requirements and Responsibilities for reference