

Newport News Public Schools Bring Your Own Device (BYOD) Agreement Form

Complete this form and then return it to a classroom teacher so that it may be turned over to an Instructional Technology Coach at the school. *Please note that no student is required to bring a device to school to obtain the full benefit of their public education.*

My Device Requires Network Access

Brand (<i>Apple, LG, Samsung, etc</i>)		Model (<i>Name or number</i>)	
Check Device Type: <input type="checkbox"/> Smart Phone <input type="checkbox"/> Laptop <input type="checkbox"/> Tablet <input type="checkbox"/> E-Reader Other _____			
Serial number (<i>please use a different form for each device</i>)			
I have spoken with my teacher(s) about potential ways to use my device in the classroom.			<input type="checkbox"/> Yes
I accept the responsibility to keep my device protected via up to date software and acknowledge that NNPS is not liable for any malware contracted by the device while using an NNPS network nor for data charges when using a non-NNPS network (e.g. cellular network.)			<input type="checkbox"/> Yes
I understand that NNPS is not responsible for loss of, theft of, or damage to my device. I will take all reasonable steps to ensure that it is secure and protected. I will not share my device with other students.			<input type="checkbox"/> Yes

My Device Does Not Require Network Access

Brand and model (may list more than one)			
Serial number (may list more than one)			
I have spoken with my teacher(s) about potential ways to use my device in the classroom.			<input type="checkbox"/> Yes
I understand that NNPS is not responsible for loss of, theft of, or damage to my device. I will take all reasonable steps to ensure that it is secure and protected. I will not share my device with other students.			<input type="checkbox"/> Yes

I have read, understand, and agree to abide by the Newport News Public Schools Bring Your Own Device Guidelines for Students. I understand any violation of these guidelines may result in revocation of my privileges, confiscation of my device (to be returned only to a parent / guardian), and potentially further consequences. I also understand that any violation of these guidelines that is found to be unlawful may constitute a criminal offense that could result in prosecution under state and/or Federal laws.

Grade: _____ School: _____ HRM and Teacher: _____ NNPS ID: _____

Student Name & Signature: _____
PRINTED
SIGNED

Parent / Guardian Name & Signature: _____
PRINTED
SIGNED

Date: _____