

Miami-Dade County Public Schools

**Personally Owned Computing/Network Device Acceptance of Responsibility and Device Use Agreement
Permission Form**

I _____ (Name of parent or guardian), agree to let _____ (Name of student) bring their personally owned computing device for instructional use in _____ (Name of school). I understand that the student named above will be permitted to use their personally owned device, subject to the conditions of this document.

I understand that if I agree to allow my student to use their own device that Miami-Dade County Public Schools (M-DCPS) or _____ (Name of School) is not responsible for any device or data loss, theft, infection, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of participation in this program. I understand that M-DCPS Staff will be unable to store, support or troubleshoot student owned devices. The student named above will take full responsibility for the device and will appropriately secure all devices when not in use.

M-DCPS uses technological measures such as filtering to promote internet safety. Filtering limits students' ability to access harmful internet sites from any device connected to the M-DCPS network, but only when this equipment is used in school on the M-DCPS network. Access through cellular networks does not provide the same measures of filtering. Students should only use the M-DCPS network (not private cellular service) for internet access while on M-DCPS property.

I have verified my student is aware that all aspects of Board Policy 5500 - Student Code and Discipline, Board Policy 7540.03 - Student Responsible Use of Technology, Social Media, and District Network Systems, and District Codes of Student Conduct, and Board Policy 5517.01 prevents cyber-bullying apply to the use and care of their personal device while on M-DCPS property or while involved in any M-DCPS sponsored event/activity. I am responsible for ensuring the device uses security applications to protect the devices from infection and prevent spreading infections from the devices.

I understand that the purpose of allowing my student to use their own device is to participate in teacher approved activities in support of the M-DCPS curriculum. Use of these devices for unrelated activities beyond or outside the M-DCPS educational program are prohibited.

Parent or Guardian's Signature _____

Date ____ / ____ / ____

Student Acceptance

I agree to adhere to the AUP guidelines presented in the *Student Rights and Responsibilities Booklet*. I will utilize the device(s) for instructional purposes only while at any M-DCPS school or on the M-DCPS network.

Student Signature _____

Student ID# _____

Date ____ / ____ / ____