

Student iPad Agreement

Rockingham Senior High School Education Support Centre

Rockingham SHS Education Support Centre has embraced new technology to ensure that ALL students can learn in the most innovative, creative and modern way possible. The school has recently purchased iPads for every student – that’s 1:1.

This document works alongside the “*Agreement for Network and Internet Access*” and “*IT Agreement-Use of Computers*”.

General Use

1. I understand that my iPad remains the property of Rockingham Senior High School Education Support Centre.
2. I will not use the iPad in the school yard before or after school, during recess or lunch times.
3. I will keep the iPad in its protective cover at all times.
4. I will keep food and drinks away from the iPad at all times.
5. I will immediately report any breakages or accidents to my teachers.
6. I will take care of my iPad at all times and I will return it to the trolley when I’m not using it.
7. I understand that my iPad is subject to inspection at any time without notice.

Content

1. I will be respectful in the photos or videos I capture. I will never use them as a tool for bullying or upload them to the internet.
2. I will use my iPad to support my school learning program.

Safety and Security

1. I will only access websites at school that support my learning activities.
2. I will practice safe and responsible behavior when online and using my iPad.
3. I will use appropriate language content.
4. I will use the iPad lawfully and in accordance with the Acceptable Use Agreement guidelines regarding the ethical use of equipment, technology, use of legal software, use of internet and the protection of personal data.
5. My iPad is ultimately my responsibility.
6. I will only use the apps my teacher has told me to use.

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- I have read the user agreement with my child/parent.
 - I understand my responsibilities regarding the use of the iPad.
 - In signing below, I acknowledge that I understand and agree to the Student iPad Agreement.
 - I understand that if I misuse the technology I may lose technology privileges at school.

Student Signature: _____

Student Name: _____

Date: ____/____/____

Parent/Caregivers Signature: _____

Parent/Caregivers Name: _____

Date: ____/____/____

Please return document to the school on completion.