

Student Use of Electronic Devices and Internet User Agreement

The South Central Unified computer network, the Internet, and other online resources provided by the District are intended to be used to support the instructional program and further student learning. The South Central Unified network facilities are to be used in a responsible, efficient, ethical, and legal manner in accordance with the mission of the District.

Student Section

I understand and will abide by the regulations of the South Central Nebraska Unified School District #5 Technology Policy for student use of technology and the Internet. *Theft and/or intentional damage to equipment will result in the assigned user providing new replacement costs of equipment through South Central Unified!* I further understand that a violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action or appropriate legal action may be taken

Student Acceptable Use Form for Network and Internet Access

Student's signature: _____ Date: _____

Parent or Guardian Section

As the parent or guardian of this student, I have read the South Central Nebraska Unified #5 Technology Policy for student use of technology and the Internet. I understand that theft and/or intentional damage to equipment will result in new replacement costs of equipment through South Central Unified.

I understand that network and Internet access is designed for educational purposes and that the School District has taken precautions to eliminate controversial material. I also recognize, however, that it is impossible for the School District to restrict access to all controversial materials and I will not hold the District responsible for materials acquired on the network.

Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I shall not hold the District responsible for materials acquired by my child on the system, for violations of copyright restrictions, users' mistakes or negligence, or any costs incurred by my child. I understand that the District cannot guarantee the accuracy or appropriateness of information or material that my child may encounter on the Internet.

I hereby give permission to issue a user account for my child and certify that the information contained on this form is true and correct and agree to allow my child to have access to South Central Unified's network and the Internet.

I give permission for my child to use Schoology for educational use.

Your signature on this Student Use of Electronic Devices and the Internet Agreement is legally binding and indicates that the party (parties) who signed has (have) read the regulations carefully and understand(s) their significance.

Parent/Guardian's signature: _____ Date: _____

Technology User Fee Agreement

Please read the below information concerning the “user fee” which will be applied for insurance coverage. This form must be completed and marked Yes or No before the computer will be provided to the student.

Coverage & Benefit

This agreement covers the computer loaned to the student against all damage or loss over \$30. Any accessories the student purchases (besides the technology and technology case provided) are not covered. Coverage is 24 hours a day. Total value will be determined at the time of loss or damage (current value is \$1,199.00). Replacement costs will be that of new parts.

Effective & Expiration Dates

This coverage is effective from the date that this request form and usage fee payment are received by the school through the last day of the current school year.

User Fee

The total portion of the premium cost to the student/family is \$30 per technology item per school year. The User Fee portion of \$30.00 is non-refundable and will not be reimbursed.

It is agreed & understood that

1. South Central Nebraska Unified will offer coverage to all students.
2. A separate application will be needed for each technology item covered.

_____ Yes, I agree to pay the “user fee” and participate in the School District Protection Plan and will be allowed to use said technology outside of the school building.

Cash Check (#)

_____ No, I decline to pay the “user fee” & I understand that I am responsible for ALL damage to the technology item(s) as listed in the School District Protection Plan and that I can not take said technology item outside of the school building. Cost could be up to \$1,199.00 for replacement of technology item or damage to the compute

My signature, and that of my parent or guardian, acknowledges receipt of and agreement to abide by the terms of the computer use Policies and Procedures while using the school issued technology.

Student Signature

Date

Parent/Guardian Signature

Date

Student Pledge for Technology Use

1. I will take good care of my technology and know that I will be issued the same technology each year.
2. I will never leave the technology unattended.
3. I will never loan out my technology to other individuals.
4. I will know where my technology is at all times.
5. I will charge my technology's battery daily.
6. I will keep food and beverages away from my technology since they may cause damage to the computer.
7. I will not disassemble any part of my technology or attempt any repairs.
8. I will protect my technology by only carrying it while in the bag provided or an approved case.
9. I will use my technology computer in ways that are appropriate and educational.
10. I will not place decorations (such as stickers, markers, etc.) on the District technology.
11. I understand that my laptop is subject to inspection at any time without notice and remains the property of SCNUSD #5
12. I will follow the policies outlined in the District's Technology Policies, Acceptable Use Policies, and Student Pledge for Technology Use while at school, as well as outside the school day.
13. I will file a police report in case of theft, vandalism, and other acts covered by insurance.
14. I agree to pay full price for the replacement of my power cords, or technology case in the event any of these items are lost, damaged, or stolen. I understand that all replacement parts must be purchased through the school and will be new replacement parts.
15. I agree to return the District technology and power cords in good working condition along with the District issued computer bag.

Student Name: _____ (Please Print)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

- I will allow my student to check out technology to be taken home nightly.
- I do not want my student to take technology home nightly. I understand that my student will still be using the technology during the school day and that he/she is responsible for checking the technology in and out of the HS Library, making sure it is charged daily, and for following all policies and procedures as outlined by SCNUSD #5.

Bring Your Own Device (BYOD) Agreement

Please review and sign the B.Y.O.D. agreement between parents/guardians and students. No student will be permitted to use personal technology devices unless the agreement and inventory are signed and returned.

Students and parents participating in B.Y.O.D. must adhere to the Student Code of conduct, as well as all Board policies, particularly Internet Acceptable Use Policy. Please read carefully and initial every statement:

_____ Students take full responsibility for their devices. The school is not responsible for the security of personal technology. Personal devices cannot be left at school before or after the school hours.

_____ Devices cannot be used during assessments, unless otherwise directed by a teacher.

_____ Students must immediately comply with teachers' requests to shut down devices or close the screen. Devices must be in silent mode and put away when asked by teachers.

_____ Any type of cyber-bullying or harassment will be dealt with in accordance with the student Bullying and Harassment policies found in the student handbook and are subject to law enforcement involvement.

_____ Personal devices must be charged prior to bringing them to school and run off their own batteries while at school. Charging will be available on a limited basis and is up to teacher discretion.

_____ To ensure appropriate network filters, students will only use the B.Y.O.D. wireless connection in school and will not attempt to bypass the network restrictions by using 3G or 4G network.

_____ Students understand that bringing devices on premises or infecting the network with a Virus, Trojan, or program designed to damage, alter, destroy, or provide access to unauthorized data or information is in violation of the AUP policy and will result in disciplinary actions. The school district has the right to collect and examine any device that is suspected of causing problems or is the source of an attack or virus infection.

_____ Students realize that printing from personal devices will not be permitted at school.

_____ Students should not physically share their personal devices with other students, unless they have written parent permission to do so.

Please understand that the use of personal devices to support educational experience *is not a necessity but a privilege*. With respect of the rules, this privilege will benefit the learning environment as a whole. When rules are abused, privileges will be taken away.

Device Inventory

Student Name: _____ Grade Level: _____

If the student will be participating in B.Y.O.D, please check all devices that apply.

_____ iPad: _____ iTouch/MP3: _____

_____ iPhone: _____ MacBook: _____

_____ Laptop: _____ Netbook: _____

_____ Notebook _____

_____ Cell Phone (Type) _____

_____ Smartphone (Type) _____

_____ Tablet (Type) _____

*You must bring in your device with the completed inventory to the designated technology coordinator.

I understand and will abide by the above policy and guidelines. I further understand that any violation is unethical and may result in the loss of my technology privileges as well as other disciplinary action.

Printed STUDENT name: _____

Signature of Student

Date

Printed PARENT/GUARDIAN name: _____

Signature of Parent

Date