

Bring Your Own Device (BYOD) Enrollment Form: Students with Special Needs

By signing below, we request approval to allow the following student to bring his/her computer device to school and access the wireless network for educational use and/or health-related reasons. We agree to the following:

- We are responsible for installing up-to-date virus protection on the device.
- We will ensure that no hacking or cracking software is installed on the device.
- The district reserves the right to verify that adequate, up-to-date virus protection is installed and that no hacking or cracking software is installed on the device.
- We understand that the school's acceptable use policy applies when this device is used at school.
- We understand that the school is not responsible for loss or damage to the device and it is not covered by District insurance.

Print Student Name

Student Signature

Print Parent Name

Parent Signature

Site Administrator Name

Site Administrator Signature

Brand and model of device: _____

Reason(s) for request:

IEP or 504 Plan requirement Other _____

Health-related reasons

How long does your device last on battery power when web browsing and editing documents?

About _____ hours

Questions/Comments _____

Submit this form to the site Computer Technician

For Lab Technician use:

1. MAC Address (technician, please provide): _____

School

2. CTO or Network Administrator Approval _____

Date

3. DPSK (Network Administrator, please provide): _____

Date

4. Copy to: _____ Site Technician

Revised 10/25/2018