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):  __________________________

2. CTO or Network Administrator Approval  __________________________  Date

3. DPSK (Network Administrator, please provide):  __________________________  Date

4. Copy to:  _____ Site Technician

Revised 10/25/2018