

# Student Acceptable Use Procedures (AUP) Form and Student Bring Your Own Device (BYOD) Form

(Applies to students or visitors who wish to use the District's digital network)

(Optional: Applies to students or visitors who wish to Bring their own personal device in schools/offices)

## ***Student or Visitor User (Applies to Student and Visitors)***

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: \_\_\_\_\_ (please print)

School or Visitor Affiliation: \_\_\_\_\_ (school name)

Student/Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Parent/Guardian Permission***

### ***(Required for Students to operate or access the District's digital network)***

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: \_\_\_\_\_ (please print)

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***(Optional) Student or Visitor Bring Your Own Device (BYOD)***

### ***(Required for Students or visitors to operate personally owned technology devices in school)***

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Student Device(s): \_\_\_\_\_ (If applicable)

*(Computer or mobile device make/model that can access the District network) (Excludes: Smartphones/cell phones)*

## ***School Administrator's Approval (School Designee)***

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: \_\_\_\_\_ (please print)

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_