



# Seminole County Public Schools, Florida

## Student Personal Device Use at School Contract

Student Name (Print) \_\_\_\_\_

Student Number \_\_\_\_\_

School (Print) \_\_\_\_\_

*Complete the information below about the device that will be brought to school for use in the classroom.*

| Type of Device | Make/Model | Serial # or Other Identifier |
|----------------|------------|------------------------------|
|                |            |                              |
|                |            |                              |

By signing this acknowledgement page, you are confirming that you have read the "STUDENT CONDUCT AND DISCIPLINE CODE" and policy 7540.03, Student Technology Acceptable Use and Safety, and will abide by its terms and conditions.

### Acknowledgment of Responsibilities:

- The device may only be used during school hours with the express approval and supervision of a teacher or staff member for educational purposes directly related to classroom activities.
- The student takes full responsibility for his or her device. The school or district is not responsible for damaged, lost, or stolen devices. In the event the device is lost or damaged, the student must notify a teacher or administrator immediately.
- Violations of Board policies, administrative procedures, or school rules related to a student's personally owned device may result in the loss of use of the device in school, confiscation of the device, and/or disciplinary action.
- While district personnel may, at their discretion, attempt to assist students with basic troubleshooting of the device, the school or district has no obligation to troubleshoot or repair personal devices. District personnel shall not be held liable for the loss or damage of any data as a result of reasonable basic troubleshooting.
- Students are not to tamper with any settings or hardware on the device in order to circumvent district filters or other mechanisms intended to protect students and/or the district's network.
- The device must remain up to date with all current releases of the operating system and other security applications (e.g. Microsoft, Symantec, AVAST, etc.) released by the device and/or application manufacturer.
- Devices should be brought to school with sufficient charge to be used throughout the school day. While individual teachers or staff may permit the device to be charged at school, there is no obligation or guarantee.
- Devices may not be used to create or transmit any images, videos, or audio recordings of individuals on campus. Any image, video, or audio recording created as part of an authorized class activity may only be posted to websites or services approved by the teacher for the activity they were created.
- The device may only connect to an approved Seminole County Public Schools wireless network (SCPS\_Public) while it is being use on campus. Devices are not permitted to be used on campus while connected to any other wireless network, including cellular networks or hot spots.
- Students do not have a right of privacy nor should they expect privacy while connected to the SCPS Network. The district may inspect, view, store, and/or share any data transmitted through the SCPS Network. School administrators retain the right to inspect, view, store, and/or share the contents of the device if there is reasonable suspicion that the student has used the device to violate any of the terms of this agreement, school board policy, administrative procedures, and/or school rules.

Student/Parent acknowledges that this agreement represents complete understanding and agreement between the School Board of Seminole County (SBSC) and the student/parent with respect to the subject matter hereof. No other representations, stipulations, agreement, or understanding, whether oral or in writing shall be valid or enforceable or have any binding effect unless contained in this agreement. Changes to this agreement require approval by the Superintendent or a designee of the Superintendent.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If student under eighteen years of age:

**Parent Name (Print):** \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_