



Applecross Primary School

BYOD iPad Identification and User Agreement

My Child _____ from Room _____ will bring in his/her personally owned iPad for learning purposes.

1. ☐ I have made arrangements for my child's iPad to be covered by insurance.

OR

- ☐ I have **NOT** arranged insurance for my child's iPad and understand that damage to, or loss of the iPad is not covered by Applecross Primary School insurance. I understand private insurance is my **only** option to claim for any damage which may occur.
2. ☐ I have provided my child's iPad with a robust case or cover.
3. ☐ I have clearly marked my child's iPad and cover with their name.
4. ☐ I understand that access to the BYOD is governed by a student code of conduct and tools (such as Apple Classroom) that teachers will use to manage student devices which I agree to support and promote with my child.

My iPad Serial Number is: _____

Name of Parent / Caregiver: _____

Signature of Parent / Caregiver: _____

Contact Details: _____

Date: _____

This document must be completed and returned to your child's teacher before they can use their iPad at school.