FOREST LAKE STATE SCHOOL ABN:91 010 253 898 Kauri Place (PO Box 4477) Forest Lake Q 4078



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Forest Lake State School iPad (BYOD) Program Agreement 2025

This form is to be completed by students and parents/ carers if you your child will bring their own iPad every day as part of the Forest Lake iPad Program (FLiP).

Parent agreement - I agree that:

- I will ensure my child's device uses the School BYOD <u>Student agreement</u> as their device *lock screen* and *wall paper*. The school will coordinate this.
- My child will have their fully-charged iPad at school for each day of the school year.
- If the iPad is damaged, lost or stolen either at home, in transit or at school, I will ensure it is repaired or replaced as soon as possible. I understand that I must meet the cost of this.
- The iPad will access the Internet at school via the school WiFi so that appropriate levels of internet filtering occur on the school site.
- I will put in place consistent practices to ensure the safe carriage of the iPad to and from school.
- Only appropriate apps, photos and content are to be placed on the iPad. If the school identifies anything of concern, I will ensure it is removed immediately. I understand that inappropriate usage will be dealt with in accordance with the Forest Lake State School Internet Agreement and the school's Student Code of Conduct.
- I cannot withdraw my child from participation in the program at any time during the school year.
- I will oversee the management of the app store account and will ensure that apps required by the school are loaded promptly and are updated as needed. I will not provide my child with the Apple ID password.
- I will put in place the level of restrictions required by the school into the iPad settings (available on FLSS website) and will share the restrictions code on the device with the school, but not with my child. VPN connections will be switched off.

Student agreement - I agree that:

General Use

- I will bring my **iPad to school each day** with **100% charge**. I understand I cannot charge at school.
- I will use the School BYOD <u>Student agreement</u> as my device *lock screen* and *wall paper*. The school will coordinate this.
- I will keep the iPad in a protective case at all times.
- I will keep my iPad in my bag at all times when travelling to and from school.
- I will not use my iPad on school grounds before or after school, during play or lunch times (unless instructed by a teacher).
- I will hold my iPad with two hands when carrying it and will walk at all times.
- I will keep **food and drinks away** from my iPad at all times.

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- I will ensure my **iPad is locked in the iPad cupboard at break times** and when I am not in the classroom.
- I will provide my **teacher full access** to my iPad through the Classroom app.
- I will immediately report any breakages or accidents to my parents and teachers.

Content

- I will report to my parents any missing school apps (all apps from FLSS app list should be downloaded to my iPad).
- I will only take photos and videos with my teacher's permission.
- I will use my iPad for school apps only and websites for learning.
- I will keep my **passcode private** and **provide it** to my teacher when needed.
- I permit my teachers and parents to perform checks to monitor content on my iPad, when necessary.

Internet Use

- I will only use the internet for educational purposes.
- I will not look for anything that is illegal, dangerous or offensive.
- I will not reveal home addresses or phone numbers.
- I will **not use iMessages** while on school grounds, or other social media apps.
- I will not use the internet to annoy or offend anyone else.
- I will be **cybersafe** when using the internet.
- If I accidentally come across something that is illegal or offensive, I will clear pictures or information from the screen and immediately and quietly inform my teacher.
- For security reasons, I will keep my account names and passwords private unless requested by school staff.

Forest Lake State School BYOD Participation Agreement 2025

FORM TO BE RETURNED TO THE SCHOOL	
I agree to the commitments listed on this document and understand that my child will bring his/her personal iPad to school each day.	
Child's Name:	Class:
Child's Signature:	
Parent's Name:	
Parent's Signature:	Date: / /