

ECPS Bring Your Own Device Agreement

The ECPS Bring Your Own Device Acceptable Use Policy will apply to the following device(s) :

	Type of Device	Serial Number
Device 1	_____	_____
Device 2	_____	_____
Device 3	_____	_____

___ My child will not be bringing a device to school at this time

Student Agreement

I, the undersigned, as a student of Essex County Public Schools, have reviewed the ECPS Bring Your Own Device Acceptable Use Policy. I understand that any violation of the policy may result in revocation of technology privileges, and possible further disciplinary action.

Student Name _____ Date ___/___/___

Signature _____

I, the undersigned legal guardian, have reviewed the ECPS Bring Your Own Device Acceptable Use Policy. My child _____ is also aware of the terms and conditions.

Parent/Guardian Name _____ Date ___/___/___

Signature _____

Employee Agreement

I, the undersigned, as an employee of Essex County Public Schools, have reviewed the ECPS Bring Your Own Device Acceptable Use Policy. I understand that any violation of the policy may result in revocation of technology privileges, and possible further disciplinary action.

Employee Name _____ Date ___/___/___

Signature _____