



Park Ridge State High School ICT Responsible Use Policy

ICT Responsible Use Policy Agreement

If the ICT Responsible Use Policy is breached, consequences align with the PRSHS Responsible Behaviour Policy.

The following is to be READ and COMPLETED by both the STUDENT and PARENT/LEGAL GUARDIAN:

- We agree to abide by the rules set down in the ICT Responsible Use Policy.
- We have read and understood the ICT Responsible Use Policy and the Student Code of Conduct.
- We are aware that any breaches of the Responsible Behaviour Policy may result in my/my child's immediate removal from the system for a specified period as per the school's Behaviour Management Policy and in relation to the severity of the offence.

Student Name: _____

(First Name)

(Last Name)

Student's Signature: _____

Date: _____

Parent/Caregiver Name: _____

(First Name)

(Last Name)

Parent/Caregiver's Signature: _____

Date: _____



Park Ridge State High School BYOD Agreement

BYOD Agreement

The following is to be READ and COMPLETED by both the STUDENT and PARENT/LEGAL GUARDIAN:

We have read the BYOD program details on the school website.

We understand and agree to the following terms:

- Care and security is the responsibility of the student and the school accepts no responsibility for damage or theft
- Devices must meet the minimum specifications in order to perform required tasks and achieve connectivity
- Accidental Damage Insurance is **highly recommended**
- Protective covers for the device are **highly recommended**
- Devices are to be brought to school fully charged
- All student work must be backed-up to a secondary storage device e.g. USB, external hard-drive or on Microsoft OneDrive
- Installation and updating of required software is the responsibility of the family. Some support is available at school for EQ licensed software e.g. Microsoft Office
- Devices must have virus protection installed all run the latest Windows 10 OS
- 3G/4G data is not to be used on devices whilst at school

Student Name:

_____ (First Name)

_____ (Last Name)

Student's Signature:

Date:

Parent/Caregiver Name:

_____ (First Name)

_____ (Last Name)

Parent/Caregiver's Signature:

Date:
