

Student Acceptable Use Procedures (AUP) Form and Student Bring Your Own Device (BYOD) Form

(Applies to students or visitors who wish to use the District's digital network)

(Optional): Applies to students or visitors who wish to Bring their own personal device in schools/offices)

Student or Visitor User (Applies to Student and Visitors)

I have read and agree to follow the St. Johns County School District's Acceptable Use Procedures for Students and Visitors.

Student/Visitor Name: _____ (please print)

School or Visitor Affiliation: _____ (school name)

Student/Visitor Signature: _____ Date: _____

Parent/Guardian Permission

(Required for Students to operate or access the District's digital network)

As the parent or guardian of this student, I have read, understand, and agree to the School District Acceptable Use Procedures for Students and Visitors for use of the District's Digital Network and the Internet. I give permission for my child to use the District's Digital Network in accordance with the Acceptable Use Procedures.

Parent/Guardian's name: _____ (please print)

Parent/Guardian's signature: _____ Date: _____

(Optional) Student or Visitor Bring Your Own Device (BYOD)

(Required for Students or visitors to operate personally owned technology devices in school)

As a student or visitor, I wish to bring my personal electronic device(s) to School or on District premises. I understand that responsibility for the care and use of this device belongs solely to me.

Requested Student Device(s): _____ (If applicable)

(Computer or mobile device make/model that can access the District network) (Excludes: Smartphones/cell phones)

School Administrator's Approval (School Designee)

The administrator verifies the user and approves their access to the St. Johns County School District Digital Network. Approval is also granted to use a personal electronic device, noted below (if applicable).

School Administrator's name/position: _____ (please print)

Administrator's signature: _____ Date: _____