

# ECPS Bring Your Own Device Agreement

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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 \_\_\_\_\_