

**BRING YOUR OWN DEVICE POLICY
Acknowledgement Form**

This Acknowledgement Form is to be completed by Parent/Legal Guardian.

**I/We, the parent(s)/guardian of _____,
a student of _____ School,
have received, read, understand, and discussed with my child the Bring Your Own
Device (BYOD) Policy. By signing the Acknowledgement Form, I/we agree to all its terms.**

Printed name of Parent(s)/Guardian

Signature of Parent(s)/Guardian

Printed name of Student

Signature of Student

Date

Date