

# 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

\_\_\_\_\_  
Printed name of Student

\_\_\_\_\_  
Signature of Parent(s) / Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

