



# RESPONSIBLE USE OF OUTSIDE TECHNOLOGY EQUIPMENT Student Personal Electronic Device Consent

## ACCESSIBILITY:

To request this file in large print, please email [aoda@wcdsb.ca](mailto:aoda@wcdsb.ca) or call (519) 578-3660.

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Item(s) being brought into school: \_\_\_\_\_

## REASON FOR USE

Please be aware that the Waterloo Catholic District School Board (WCDSB) is not liable for any complications arising at any of its locations, including failure of the device or any software installed thereon. The Waterloo Catholic District School Board cannot provide any technical support for this device. It is your responsibility to contact the vendor directly or your local computer repair service, should you require technical assistance or support of any kind.

## CONSENT

### Please Initial Each Statement:

\_\_\_\_\_ I understand that my son/daughter may bring his/her personal computer device to use within his/her classroom/school. Applications and programs accessible from or installed on the personal devices can be implemented for classroom use at the discretion of the school staff as they relate to and support student learning.

\_\_\_\_\_ I understand that the Waterloo Catholic District School Board will not provide any technical support for the maintenance of the software and/or hardware.

\_\_\_\_\_ I understand that the Waterloo Catholic District School Board is not liable for any complications arising at any of its locations, including failure of the device or any software installed thereon.

\_\_\_\_\_ I understand that the Waterloo Catholic District School Board is not responsible in the event that this device is lost or stolen while on WCDSB property and school sponsored events.

\_\_\_\_\_ I understand that if the software is misplaced or damaged, that the parent(s) will be responsible for replacing this item.



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\_\_\_\_\_ I hereby accept the terms and conditions of this form.

Name of Student: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Questions regarding the collection and use of this information should be directed to the School Principal.

#### Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used to administer the Responsible Use of Computer and Internet Technology Policy. Questions regarding the collection of this information should be directed to the School Principal.

**To be Completed by:** Parent/Guardian/Adult Student

**Description of Use:** Copy: Classroom (Retain: Current School Year)