

## Woodford County Public Schools

### Pledge for Device Use

Graduation Year: \_\_\_\_\_

1. I will bring my device to school each day I am in attendance.
2. I am responsible for the care and protection of my device.
3. I will complete my Digital Driver's License.
4. I will always supervise my device or leave it in a secure location.
5. I understand my device is for educational use.
6. I will charge my device's battery daily.
7. I will keep my device away from food and drink.
8. I will report loss, theft, and/or malfunction immediately.
9. My device will always be in the provided case or one from the approved list.
10. I will practice good digital citizenship.
11. I will not change the appearance of my device or case with drawings or stickers. I will keep barcodes on my device.
12. I understand that my device is subject to inspection at any time without notice and remains the property of Woodford County Public Schools.
13. I will follow the policies outlined in the *Device Handbook* and the *Acceptable Use Policy* at all times.
14. I agree to return the device, case, and power cords in good condition at the end of the school year or if I terminate enrollment at Woodford County Public Schools for any reason.
15. I will create and maintain a free app store account using my school email and understand a Google Apps account will be created for me, providing access to Google's Educational Apps.

#### Student Acknowledgement

**I agree to the stipulations set forth in the Device Policy Handbook, Insurance Policy, Acceptable Use Policy, and the Student Pledge for Device Use.**

Student Name (Please Print):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Parent Acknowledgement/Permission

**As the parent(s) or guardian(s) of \_\_\_\_\_, we have read, understand, and agree with the stipulations outlined in the device policy handbook and Student Pledge for Device Use. I understand that internet usage will be filtered while on school premises and that participation in the device protection plan is required for the device to go home.**

Parent/ Guardian Name (Please Print): \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This agreement will be in effect from the date of student enrollment until graduation or withdrawal from WCPS.

\*Third party filters and parental controls are available for interested parents.