

JOHN FORREST Secondary College INDEPENDENT PUBLIC SCHOOL

180 Drake Street, Morley WA 6062 T: 9473 4000 E: johnforrest.sc@education.wa.edu.au www.johnforrest.wa.edu.au

www.facebook.com/johnforrestsc

BRING YOUR OWN DEVICE (BYOD) STUDENT/PARENT MEMORANDUM OF AGREEMENT

Connection and Use of Student Owned Device on the John Forrest Secondary College Network

		PARTIES TO THE MEMORANDUM		
		Student's Full Name:		
		Parent/Guardian's Full Name:		
		Device Make/Model:		
Prea	mble			
(JFS	C). It	orandum relates to the connection and use of a student owned device at describes the terms of the provisions including level of service and scope student and the student's parent/guardian.		
Cond	ditions	s		
The	solutio	on is supplied by JFSC to the student, based upon the following Agreeme	nt:	
1.	The student must take all reasonable care to prevent against any form of damage and loss of the student owned device.			
2.	The student will abide by all conditions outlined in the BYOD User Policy and Information and Students Online – Acceptable Usage Policy (available on the College website).			
3.	The student and their parent/guardian will be solely responsible and legally accountable for any data stored or installed on the student owned device.			
4.	The student owned device and any software installed will be provided by the parent/guardian and or student			
5.	Student owned devices can only be connected to the College's wireless network.			
6.	The	Department strongly recommends that:		
	(a)	Student owned devices are installed with anti-virus protection which is immediately prior to the current version.	either current or the version	
	(b)	Student owned devices are installed with the recent release of the anti- the most recent four (4) released definitions).	virus definitions files (one of	
	(c)	Student owned devices have operating system patches which are within vendor's release date.	n seven (7) days of the	
	(d)	Student owned devices are enabled to receive auto-updates from the s	software vendor.	
Sig	ned (S	tudent):	Date:	
Stu	dent's	Full Name:	_	
Sig	ned (Pa	arent/Guardian):	Date:	
Par	ent/Gu	uardian Full Name:		

TO ENABLE CONNECTION TO THE COLLEGE NETWORK

Please take this completed and signed Student/Parent Memorandum of Agreement and your device to the IT Technician in the College Library. Please note a mobile phone is not considered a BYOD device.

	Connection to Network - For Office Use	Only
Signed:	(IT Technician)	Date:
Entered on SIS:	(Enrolment Officer)	Date: