FAIRFAX COUNTY PUBLIC SCHOOLS

PERSONALLY OWNED COMPUTING/NETWORK DEVICE
ACCEPTANCE OF RESPONSIBILITY AND DEVICE USE AGREEMENT
PERMISSION FORM

I, __________________________________________ agree to let __________________________________________
Name of parent or guardian Name of student

bring their personally owned computing device for instructional use in Fairfax County Public Schools (FCPS). I understand that the student named above will be permitted to use their personally owned device, subject to the conditions in this document.

I understand that if I agree to allow my student to use their own device that Fairfax County Public Schools is not responsible for any device or data loss, theft, damage or other associated costs of replacement or repair incurred during the school day or at home as a result of participation in this program. I understand that FCPS Staff will be unable to store, support or troubleshoot student owned devices. The student named above will take full responsibility for the device and will appropriately secure all devices when not in use.

FCPS uses technological measures such as filtering to promote internet safety. Filtering limits students' ability to access harmful internet sites from any device connected to the FCPS network, but only when this equipment is used in school on the FCPS network. Access through cellular networks does not provide the same measures of filtering. Students should only use the FCPS mobile network (not private cellular service) for internet access while on FCPS property.

I have verified my student is aware that all aspects of the Fairfax County Public School's Student Rights and Responsibilities, Acceptable Use Policy (AUP) for Network Access apply to the use and care of their personal device while on FCPS property or while involved in any FCPS sponsored event/activity.

I understand that the purpose of allowing my student to use their own device is to participate in teacher approved activities in support of the FCPS curriculum. Uses of these devices for unrelated activities beyond or outside the FCPS educational program are prohibited.

__________________________________________  __/__/  
Parent or Guardian's Signature Date

Student Acceptance:
I agree to adhere to the AUP guidelines presented in the Student Rights and Responsibilities Booklet. I will utilize the device(s) for instructional purposes only while at any FCPS school or on the FCPS network.

__________________________________________  __/__/  
Student Signature Date

__________________________________________  __/__/  
Student ID # Date