

5625 Dillard Drive

Cary, North Carolina 27518

FAX: 431-7693

# Apple iOS Devices (iPods and iPads) Acceptable Use and Accountability Procedures for Students

Wake County Public School System provides access/use of iOS devices (iPods and iPads) to students at your school. Students will have access to the Internet and a variety of applications to enhance student learning within the classroom using these devices.

Students must agree to the following statements in order to participate in the use of these devices.

1. The iOS device (iPod or iPad) is the property of Wake County Public School System.
2. I will use this device as a learning tool and understand that it that it can greatly enhance my ability to be an independent learner.
3. I am responsible for the iOS device (iPod or iPad) assigned for my use.
   1. I will only use the device assigned to me.
   2. I will keep the device in the case at all times.
   3. I will not leave the device unattended.
   4. I will immediately report any damage or issues with the device to my teacher.
   5. I will not download unauthorized applications, music, etc., on the device.
   6. I will keep the device clean by having clean hands and wiping the screen with a soft cloth.
   7. I will not eat or drink while using the device.
4. I will use the device only in my classroom with my teacher’s permission.
5. I will use the device only as my teacher directs.
6. I will not share ear buds with another student.
7. I understand that if I fail to follow these rules, I may lose the opportunity to use the iOS device (iPod or iPad) as a learning tool.

**🞎 I agree 🞎 I do not agree**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

As a parent/guardian of the participant in the use of the iOS device (iPod or iPad), I/We agree to review the rules listed above with my child and encourage safe, responsible use of the device. My child’s signature indicates that he/she understands his/her responsibility in the care and use of the assigned iOS device (iPod or iPad).

**Parent(s) signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

# WEBSITE: WWW.WCPSS.NET