

WILMETTE SCHOOL DISTRICT 39 STUDENT & PARENT PLEDGE

STUDENT INITIALS	AFFIRMATIVES	PARENT INITIALS
	We have reviewed Wilmette School District 39 1:1 Learning Program Handbook and will follow the expectations and recommendations. I understand that there will be iPad checks on my device throughout the year.	
	We agree to monitor use of the iPad at home by supervising its use in common areas of our house and setting times for use.	
	I will follow the District 39 guidelines and acceptable use policy, and I will make sure my use of the iPad is safe, responsible, and respectful. My iPad use will be strictly for school.	
	I will think before posting anything online to keep myself safe. I understand that website and social media venues are public, and that what I contribute leaves a digital footprint for all to see. I will not post anything that I wouldn't want friends, family, teachers, future college, or employers to see.	
	I will be safe online, and will refrain from giving out personal information, including but not limited to, last names, phone numbers, addresses, birthdates, and pictures. I will not share my logins or passwords with anyone.	
	I understand that the iPad issued to me is for my use only. I will not share my iPad with others to make sure it is always safe.	
	I understand that the camera and video recording features of my iPad are only to be used when assigned by a teacher, and that if I take a picture of someone I need that person's permission first.	
	I understand that my iPad should be locked in my locker when not in use, and that if my device is lost or stolen, I must report that right away.	
	I will keep my iPad in my possession, during class times, and know that the iPad is not to be used in the cafeteria, at recess, or taken into the bathrooms or locker rooms at school.	
	I understand that it is my responsibility to come prepared to school every day with a device that is fully charged and in working condition. I take responsibility for any damage that happens while the iPad is in my care.	

Student Signature: _____ Student Printed Name: _____

Parent Signature: _____ Date: _____