



BYOD Program @ Milton SS

Dear Parents/Carers,

This form is for parents and carers to inform the school of their intention of their child / children to participate in the BYOD Program for at Milton State School.

Please see the 'Device Specifications' document for information on the specific device specifications and requirements, which can be found on the school website in the BYOD and App Lists section.

Our website also contains help guides, an online purchasing portal and other important information relating to our BYOD program, including App Requirements for each year level.

If you have any questions relating to our BYOD program please feel free to email me at mphir0@eq.edu.au or telephone the school on (07) 3514 6333.

Kind Regards,

Mikaela Hird
Head of Digital Learning

BYOD – Intention to Participate

- YES. My Child/ren will be bringing their own iPad to school for the duration of the school year.
- NO. My Child/ren will **NOT** be bringing their own iPad to school. Please provide shared access to a school device.

| CHILD'S NAME | YEAR LEVEL |
|--------------|------------|
| | |
| | |
| | |
| | |

Notes: _____

Parent/Carer Name: _____

Signature: _____ Date: _____

