



Student BYOx Locker Contract

I (*parent/guardian*) give approval for **(Student's full name)** _____

Home Class _____

to use a School Locker for the purposes of storing their BYOx device and accessories *only*.

I understand that:

- Lockers are available on a first in basis for compulsory BYOx students only, unless prior agreement with HOD eLearning.
- Lockers must **only** be used to store the student's own BYOx device and accessories during school hours when the device is not required e.g. sport, lunch times, Access etc.
- Students are required to take their BYOx device and accessories home each day and charge their device for the next school day.
- This locker is assigned to the student for this academic year only.
- Students must empty their lockers and return their locks to the IT Support Room by the 2nd last Friday of the school academic year.
- Students requiring a locker will need to pay a **\$13** deposit to the finance office in Administration. This deposit will be credited to student's account upon return of the lock at the end of the academic year. Students cancelling their enrolment before the end of the academic year will have the fee refunded (if there are no other outstanding amounts on account).
- Students must display the contents of their locker to Runcorn State High School staff on request. If they refuse to do so, the locker may be opened by school staff and the contents inspected.
- No liability will be accepted by the school in the event of loss, theft or damage from a locker's contents unless it can be established that the loss, theft or damage resulted from the school's negligence.
- Only padlocks provided by the school are permitted to be used on BYOx lockers.
- School staff will remove non-school padlocks used on BYOx lockers.
- Students must only use the locker number that they are issued with to store their BYOx device e.g. SS01-5.

If your child has a BYOx device that has a screen size of 15" or larger then they will require a larger locker. Please tick the one of the boxes below to indicate the screen size of your child's BYOx device:

14" or smaller 15" or larger

Parent/Caregiver signature _____ **Date** _____

Office Staff signature - \$13 paid _____ **Date** _____

Please fill out student agreement section on page 2

BYOx Locker Student agreement

I _____ **(student's full name)** agree to abide by the conditions of this contract and understand that:

- The use of BYOx lockers are covered by the conditions in this contract and the School's Responsible Behaviour Plan.
- If I do not abide by these conditions, my right to use a locker will be reviewed and possibly cancelled.
- Inappropriate use of BYOx lockers will also result in consequences outlined in the School's Responsible Behaviour Plan.

Student signature _____ **Date** _____