

# DECEPTION BAY STATE HIGH SCHOOL

## Bring Your Own Device (BYOx) Equity Policy



### Rationale

At Deception Bay State High School we are committed to incorporating digital technology into the classroom to support and enhance learning experiences. We recognise that the BYOx program raises financial cost on students and their families in supplying a device. At the same time, the program can only function if all students have access to appropriate technological resources in all of their classes. Deception Bay State High School takes seriously the role of public education in ensuring all students have access to the same learning outcomes. The purpose of the BYOx Equity Policy is to establish the framework for the BYOx program to provide this for all students, irrespective of the financial circumstances of families in our school community.

### Objectives

- To ensure equity in the BYOx program and its implementation across the school.
- To ensure all students have access to appropriate technological resources required for learning.
- To provide a framework through which family requests for assistance can be managed consistently.

### The role of Deception Bay State High School

1. Ensure the minimum device specifications are designed so that a range of devices in varying capability and cost are offered and meet the minimum requirements for learning.
2. Assist parents/caregivers who require support to provide a device.

### The role of Students and Parents/Caregivers

1. Consider your options for the purchase or lease of equipment that meets the minimum device specifications.
2. ALL students engage in the BYOx program and parents/caregivers support the implementation of this program. Students are required to bring their own device to all classes.
3. Students who require support in providing a device must complete the attached *Request for a BYOx Equity Device* and return this to the school as soon as possible.
4. Parents/Caregivers realise that the equity device loaned by the school is the responsibility of the student and damage to the device will incur a fee.

# Request for a BYOx Equity Device

*Office use prior to appointment*

Student Name		EQ ID	
Year Level			

*Principal or Principal's Delegate use during appointment*

Parent/Caregiver Name		Phone Number	
Address			

I, \_\_\_\_\_, have read the *Deception Bay State High School BYOx Parent Handbook* and *Student Charter* and acknowledge that I understand and agree with the process and conditions therein. I understand that, should I require a change to this agreed arrangement, I must contact the school.

Student Name		Student Signature	
Parent/Caregiver Name		Parent/Caregiver Signature	
Principal or Principal's Delegate Name		Principal or Principal's Delegate Signature	