



35 Hill Street
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BYOD REGISTRATION FORM

Child's Name: _____ Year Level: _____

Parent/Caregiver Name(s): _____

Parent/Caregiver contact email(s): _____

Current guardian/class teacher: _____

Type of device that will be coming to school:

- ☐ Apple iPad (any model)
- ☐ Samsung Galaxy Tablet
- ☐ Other _____



- ☐ I have read the Bring Your Own Device (BYOD) Agreement and discussed each point with my child so that the meaning of the first section, in particular, is very clear, and have signed the agreement. I have kept one copy of this agreement at home for future reference.
- ☐ I have downloaded the required apps onto my child's device. I have completed this registration form.
- ☐ I am sending my child to the school office with their device, the BYOD Agreement and the Registration Form. I understand that my child will meet with Mrs Donovan Skeens to complete the process and register their device.

Signed: _____
(Parent/Caregiver)

Date: _____

