When using the iPad I will

- Sit down in my chair safely
- Be careful with my iPad and look after it
- Stay on the app chosen by my teacher

I understand all of the rules about using the iPads.

If I break the rules I will not be allowed to use the iPads for as long as my teacher decides.

Student Name:__________________  Classroom:__________

Student Signature: ____________________  Date:________________

Parent Signature:______________________  Date:________________