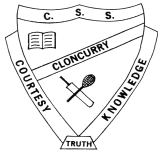


STUDENT NAME: _____ **YEAR** 11 12 **DATE:** ----- / ----- / 20-----
 (Please circle year level)



CLONCURRY STATE SCHOOL P-12

"Excellence in Education in the Outback"

11/12 Laptop Program Agreement Form

- ❖ **Annual Levy \$250.00 (\$62.50 per term)**
- ❖ Students will be allocated a laptop that will be for their sole use
- ❖ Laptops will be used at the discretion of the class teacher

Parents: - Please tick to acknowledge your understanding of student expectations.

<input type="checkbox"/>	I understand my student will be issued with a case and the laptop is to be taken to and from in the provided laptop case
<input type="checkbox"/>	I understand that it is my child's responsibility to take care of the laptop at all times
<input type="checkbox"/>	I understand that the laptop is for learning purposes and that it is NOT to be used for recreational purposes
<input type="checkbox"/>	I understand that all data is to be saved on a USB and not the hard drive of the computer
<input type="checkbox"/>	I understand that all damages are to be reported to the teacher immediately
<input type="checkbox"/>	I understand that if the damage is found to be as a result of deliberate misuse or carelessness on the part of my child, cost of repairs will be invoiced to the parent / carer
<input type="checkbox"/>	I understand that if the Principal determines that the expectations of the 9/10 Laptop Program have not been adhered to, appropriate action will be taken
<input type="checkbox"/>	I understand if the laptop assigned to my student has paid the \$200 levy over four years of their schooling they are entitled to keep the laptop at the end of year 12
<input type="checkbox"/>	I understand the laptop is to be cleared of all EQ programs at the end of year 12 before my student retains the laptop

I have read the expectations for participation in the 11/12 Laptop Program. I agree to my son/daughter's participation.

Please circle the following: **YES** **NO**

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** ____ / ____ /20 ____

Students: Please Tick and sign to acknowledge your understanding and acceptance of expectations:-

<input type="checkbox"/>	I agree to follow the school computer network, Internet and Email Media Agreement policies
<input type="checkbox"/>	I understand that all data is to be saved on a USB and not the hard drive on the computer
<input type="checkbox"/>	I will report all damage or issues to the teacher immediately
<input type="checkbox"/>	I understand that if the damage is found to be a result of deliberate misuse or carelessness on my part, cost of repairs will be invoiced to my parent / carer
<input type="checkbox"/>	I will report any software issues to my teacher
<input type="checkbox"/>	I understand that if the Principal determines that the expectations of the 9/10 Laptop Program have not been adhered to by me, appropriate action will be taken

USB STICKS WILL BE AVAILABLE WHEN STUDENT LEVIES ARE FULLY PAID

I have read and hereby agree to adhere to the expectations of the Year 11/12 Laptop Program at Cloncurry State School P-12:

Student Name: _____ **Student**

Signature: _____