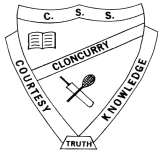


**STUDENT NAME:** \_\_\_\_\_ **YEAR** 9 10 **DATE:** ----- / ----- / 20-----  
 (Please circle year level)



## CLONCURRY STATE SCHOOL P-12

*"Excellence in Education in the Outback"*

### 9/10 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
- ❖ Students will sign out their laptop at the start of each lesson under teacher supervision
- ❖ Students to return laptops to their allotted bay clearly marked in the laptop trolley

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

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | I understand that the laptop will remain at school  |
| <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 <b>NOT</b> to be used for recreational purposes  |
| <input type="checkbox"/> | I understand that all data is to be saved on a USB and <b>not</b> 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                       |

**I have read the expectations for participation in the 9/10 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 <b>not</b> 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 9/10 Laptop Program at Cloncurry State School P-12:**

**Student Name:** \_\_\_\_\_ **Student**

**Signature:** \_\_\_\_\_