

Student & Parent LAPTOP RENTAL Agreement Form



The following is to be read and completed by both the STUDENT and PARENT/CAREGIVER:

The Laptop4Rent Handbook is on the school website: https://redbankplainsshs.eq.edu.au/curriculum/bring-your-own-device

	STUDENT PARTICIPATION													
STUDENT AGREEMENT	I wish to participate in the Redbank Plains State High School Laptop Rental Program. I have read and understood the Laptop4Rent Handbook. I agree to abide by the guidelines outlined in the document. I acknowledge my responsibility to use the laptop in accordance with these rules and understand the consequences should I fail to abide by these rules.													
	Student	Name:												
	Student	t Year Lev												
	School	Email (if l	known):											
	Student Signature:									Date	:			
	LAPTOP RENTAL PROGRAM													
PARENT/CAREGIVER AGREEMENT	I give permission for my child to participate in the Redbank Plains State High School Laptop Rental Program. I have read the Laptop4Rent Handbook and understand my responsibilities. I understand my child will participate in the rental program for the length of time they are enrolled at Redbank Plains State High School and that it is my responsibility to opt out if my student changes to the BYOX program. I agree to abide by it and pay all costs that may occur should the laptop and / or its accessories be lost or damaged. PAYMENT ARRANGEMENT — ANNUAL FEE OF \$200									Yes Yes Yes	No No No			
		I agree to pay the full annual fee of \$200. *This amount will be payable each school year until my stude has graduated, exited the school or a personal laptop has been provided. You can opt out at any time. Price is based on current costs and may change. * #Any unreturned laptops will have computrace activated and reported to QPS.												
			ve permission to have deductions made from my Centrepay/BPoint payment plan.											
	I understand that any failure to make payments may result in the cancellation of my child's participation in the Laptop Rental Program.													
	Parent / Caregiver's Name:													
	Parent / Caregiver's Signature:									С	ate:			
OFFICE	USE ONL	v												
Finance check Student Office to invoice Invoice paid Form to IT:														
Date la	ptop is iss	ued to stu	ident:						I					
_	ated schoon					Signatur represer		ool						