



## 2023 CYOD eLearning Order Form

**PROSERPINE**  
STATE HIGH SCHOOL

Please detach these forms and return to Proserpine SHS main office or email to [accounts@proserpineshs.eq.edu.au](mailto:accounts@proserpineshs.eq.edu.au) by **Monday, 6 February 2023**.

|              |              |
|--------------|--------------|
| Student Name | Year in 2023 |
|--------------|--------------|

I wish my child to be part of the 2023 CYOD Program. I have read and understand the arrangements regarding device ownership. I realise I am making a commitment to fully purchase a device for my child.

| Parent/Caregiver details <i>(please print)</i> |                           |            |  |
|--|---------------------------|------------|--|
| Family Name                                    |                           | Given Name |  |
| Address:                                       |                           |            |  |
| Email Address:                                 |                           |            |  |
| Contact Numbers:                               | Home:<br>Mobile:<br>Work: |            |  |
| Signature of Parent                            |                           | Date       |  |

The device I would like to select for my child is: \*

|                               |        |           |
|-------------------------------|--------|-----------|
| Acer Travelmate Spin B311     | \$1185 |           |
| Surface Laptop Go             | \$1630 |           |
| Acer Travelmate P414          | \$2200 |           |
| <b>Total Amount (inc GST)</b> |        | <b>\$</b> |

Please indicate what name you would like engraved on the device *(optional)* \_\_\_\_\_

*\* Make and models may alter depending upon vendor supply*

### OFFICE USE ONLY

| Invoice No | Device Selection          |
|------------|---------------------------|
|            | Acer Travelmate Spin B311 |
|            | Surface Laptop Go         |
|            | Acer Travelmate P414      |



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|              |              |
|--------------|--------------|
| Student Name | Year in 2023 |
|--------------|--------------|

Total Amount Payable: \$ \_\_\_\_\_

I wish to pay now in full \$ \_\_\_\_\_

I wish to pay a deposit now with the balance on delivery

60% now \$ \_\_\_\_\_

40% \$ \_\_\_\_\_

*Devices will be issued as soon as practicable after delivery and full payment is made.*

**\* Please note:** Device will be ordered on 60% payment and issued once full payment is made. Upon termination of enrolment any outstanding payments must be made in full.

The device may be required to be returned unless SRS fees are maintained.

| I wish to pay by:   |
|---|
| <input type="checkbox"/> BPoint <i>(please contact the school for an invoice)</i>   |
| <input type="checkbox"/> Credit Card <i>(please pay in person at the school office)</i>   |
| <input type="checkbox"/> EFT notification by email to <a href="mailto:accounts@proserpineshs.eq.edu.au">accounts@proserpineshs.eq.edu.au</a><br><i>BSB 064 816 A/c No. 0009 0131</i><br><i>Description: Student Name CYOD</i> |
| <input type="checkbox"/> Cash to be submitted with form   |
| <input type="checkbox"/> Cheque to be submitted with form   |

OFFICE USE ONLY

| MODEL  |           |           |
|--------|-----------|-----------|
|        | Payment 1 | Payment 2 |
| Date   |           |           |
| Amount |           |           |
| Rec No |           |           |