PROSERPINE STATE HIGH SCHOOL

2025 CYOD eLearning Order Form

Please detach these forms and return to Proserpine SHS main office or email to accounts@proserpineshs.eq.edu.au.

Student Name			Year in 2025	
arrangem	ents	my child to be part of the 2025 CY regarding device ownership. I rea evice for my child.	_	
Parent/0	Care	giver details (please print)		
Family Name		Given Name		
Address	:			
Email Ad	ddre	ss:		
Contact Mobile: Work:				
Signature of Parent			Date	
The devic	e I v	vould like to select for my child is:	*	
	Ac	er Travelmate P414 (entry level)	\$1120	
	Ac	er Travelmate P414 (mid-range)	\$1435	

Acer Travelmate P414 (premium)

OFFICE USE ONLY

Invoice No	Device Selection	
	Acer Travelmate P414 (entry level)	
	Acer Travelmate P414 (mid-range)	
	Acer Travelmate P414 (premium)	

\$1860

Total Amount (inc GST)

^{*} Make and models may alter depending upon vendor supply

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Student Name	Year in 2025				
Total Amount Payable: <u>\$</u>					
☐ I wish to pay now in full \$					
☐ I wish to pay a deposit now with the balance on delivery					
60% now	<u>\$</u>				
40%	<u>\$</u>				
Devices will be issued as soon as practicable a	fter delivery and full payment is made.				
I wish to pay by:					
□ BPoint (please contact the	school for an invoice)				
_ "	•				
☐ Credit Card (please pay in person at the school office) ☐ EFT notification by email to accounts@proserpineshs.eq.edu.au BSB 064 816 A/c No. 0009 0131 Description: Student Name CYOD					
☐ Cash to be submitted with form					
☐ Cheque to be submitted w	vith form				

OFFICE USE ONLY

MODEL		
	Payment 1	Payment 2
Date		
Amount		
Rec No		