

Version 2.1 – End 2016
3-Year Warranty Senior Secondary Devices

SENIOR SECONDARY 2017 1-TO-1 TECHNOLOGY PROGRAM SELECTION GUIDE AND ORDER FORM

Kenmore State High School

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Foreword

This Selection Guide provides specifications and configurations for the devices offered in the 2017 Senior Secondary round of Choose Your Own Device (CYOD) at Kenmore State High School. The completion and return of the **Selection and Payment Form** on the back two pages of this document, is all that is required to confirm involvement in the CYOD (or Bring Your Own Device (BYOD)) program for 2017.

The Student Technology Program (CYOD and BYOD options) offered by Kenmore SHS is explained in more detail in the *Kenmore SHS CYOD/BYOD Handbook and Charter* document which is available on the school website. This *Selection Guide and Order Form* should be read in conjunction with the *Handbook and Charter* document. Participation in the Student 1-to-1 Technology Program (CYOD or BYOD options) is conditional upon participation in the **Student Resource Scheme**.

The devices offered in this selection come with a 3-year warranty (including battery) and 3 years Accidental Damage Protection (ADP) warranty. Pricing offered in this version of the Selection Guide is valid for the *End 2016* ordering round.

Again, please refer to the *Kenmore SHS CYOD/BYOD Handbook and Charter* document for any points of clarity regarding support offerings, device ownership, software, etc. On completion of the Order Form; if selecting a CYOD option, you will be receipted for the CYOD Participation Agreement and an order placed for your selected device. Handout to students will be shortly after school resumes for 2017.

Accidental Damage (ADP) Terms and Conditions Summary *

- \$0 excess on claims.
- A maximum of one (1) claim per 12-month period commencing from the start date of the term of the Service Contract (effectively one claim per calendar year).
- Claims do not accumulate or carry over to any subsequent 12-month period.
- Additional ADP claims within the same 12-month period will be repaired at the vendor's full parts and labour costs.
- ADP does not cover accessories (Laptop case, Digital pen); however these can be purchased through the school.
- Balance of ADP coverage (along with warranty) is transferrable. (Particularly relevant if student leaves the school within 3-year warranty/ADP period).

* Full terms and conditions available on Kenmore SHS website

Option 1: Acer Switch 12 Alpha

- Full HD+ (2160x1440) 12" touch display
- Intel Core i5 processor
- 8GB Memory
- 256GB Solid State Drive
- 5GHz (Fast AC) wireless connectivity
- Active Pen included (AAAA battery)
- Keyboard included
- Micro SD card reader
- All day battery life
- STM rubberised case with pen holder included
- Weighs 1.25kgs
- **\$1390**



Option 2: Dell Latitude E5470

- Full HD (1920x1080) 14" touch display
- Corning Gorilla Glass
- Intel Core i5 Processor
- 8GB Memory
- 256GB Solid State Drive
- 5GHz (Fast AC) wireless connectivity
- SD card reader
- Battery upgrade – 4 cell extended life battery
- Relatively thin and light considering large screen size
- Everki 14" hard sided case included
- 2kg weight
- **\$1450**



1-to-1 Technology Program Selection and Payment Form

Please detach this double-sided form and return to Kenmore SHS main office or email to XYOD@kenmoreshs.eq.edu.au by **Friday 25th November 2016 at the latest.**

Student Name	EQ Student ID	2017 Year Level
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Please make selections below if you are choosing the **CYOD** option for 2017.

CYOD Options	Price	Selection (Tick)
Option 1: Acer Switch 12 Alpha	\$1390	<input type="checkbox"/>
Option 2: Dell Latitude E5470	\$1450	<input type="checkbox"/>
2017 CYOD Service Guarantee Fee	\$150	<input checked="" type="checkbox"/>

OR

Please make selections below if you are choosing the **BYOD** option for 2017.

BYOD Options		
2017 BYOD Service Guarantee Fee	\$100	<input checked="" type="checkbox"/>
Add Adobe Creative Cloud Master Collection Upgrade	\$20	<input type="checkbox"/>

TOTAL	
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Parent/Caregiver details (please print)			
Family Name			
Given Names			
Address			
Email Address			
Contact Numbers	Home	Work	
	Mobile	Fax	
Signature of Parent		Date	

Payments	
<input type="checkbox"/>	I wish my child to take part in the CYOD program. I have read and understand the arrangements regarding device ownership. I agree to pay the annual \$150 CYOD Service Guarantee fee for the CYOD scheme.
<input type="checkbox"/>	I wish to pay now in full.
<input type="checkbox"/>	I wish to pay a deposit now with the balance paid in February 2017: <div style="margin-left: 40px;">25% now: \$ _____</div> <div style="margin-left: 40px;">75% week of 20th-24th Feb 2017: \$ _____</div> <div style="text-align: right; margin-right: 20px;">(using my credit card details below)</div>
<input type="checkbox"/>	I wish to make installment payments according to the following schedule: <div style="margin-left: 40px;">25% now: \$ _____</div> <div style="margin-left: 40px;">25% week of 5th-9th Dec 2016: \$ _____</div> <div style="margin-left: 40px;">25% week of 16th-20th Jan 2017: \$ _____</div> <div style="margin-left: 40px;">25% week of 20th-24th Feb 2017: \$ _____</div> <div style="text-align: right; margin-right: 20px;">(using my credit card details below)</div>
Or	
<input type="checkbox"/>	I wish my child to use a personal device in the BYOD program. I understand there are limitations when using a BYO device at school. I agree to pay the annual \$100/\$120 BYOD Service Guarantee fee for the BYOD scheme.
Or	
<input type="checkbox"/>	I have negotiated an arrangement with the school.
* Please note: Failure to adhere to payment arrangements will require the return of your student's device until payment is received in full. *	

Method of payment																			
I wish to pay by:		<input type="checkbox"/> BPoint																	
		<input type="checkbox"/> Credit card																	
		<input type="checkbox"/> EFT notification by email to finance@kenmoreshs.eq.edu.au																	
		<input type="checkbox"/> Cash to be submitted with form																	
		<input type="checkbox"/> Cheque to be submitted with form																	
I hereby authorise Kenmore State High School to debit my																			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard																			
Card Number															Expiry Date				
For \$													CVN on back						
Name of cardholder as it appears on the card									Signature of cardholder										