



# Annandale State School

Independent Public School

Cnr Oleander and Yolanda Drive Annandale Queensland 4814

E: [the.principal@annandaless.eq.edu.au](mailto:the.principal@annandaless.eq.edu.au)

W: [annandaless.eq.edu.au](http://annandaless.eq.edu.au)

P: (07) 47295111

## Year 5 & 6 – BYOD Laptop Initiative

### Expression of Interest – New Enrolment

I would like to nominate my child \_\_\_\_\_ (name) in  
\_\_\_\_\_ (class) to participate in BYOD Laptop Initiative.

I understand that:

- The laptop **MUST** meet the following minimum specifications required by Annandale SS to be able to access the department's network:
  - Laptop with a minimum 11.3" screen
  - 8GB/256GB SSD
  - Windows 10 Home or Pro (NOT Windows S) OR Windows 11
  - Recommended Intel Core i5 or AMD equivalent or better.
  - Accessories: 2 x USB, Headphones with microphone, protective bag, mouse, office chair (optional)
- Upon acceptance into the initiative, I agree to pay a fee of \$160.00 per year (\$40.00/term) to employ a school BYOD technician to support students with laptops. An invoice will be emailed when the laptop registration form is returned to the class teacher. Invoices must be paid within 4 weeks of receipt
- The school's BYOD technician supports software and connection issues only
- I will be responsible for arranging warranty claims, repairs and maintenance of the laptop
- The laptop must have an antivirus program active while they are in the initiative
  - <https://www.avast.com/en-au/index#pc>
  - <https://www.avg.com/en-au/ppc/protection-offer-comparison-04>
  - <https://www.avira.com/en/downloads>
- My child will be in a class of students with and without BYOD laptops
- My student must abide by the School's Student Agreement-Commitment, BYOD Policy, Internet Usage Agreement and Student Code of Conduct
- I will commit to purchasing a suitable laptop and provide the school with the laptop specifications as per Form 4 - Student Laptop Registration when the device is brought to school.

**PLEASE RETURN COMPLETED FORM TO STUDENT RECEPTION**

Parent / Caregiver Name: \_\_\_\_\_

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

Date: \_\_\_\_\_