



# St Thomas the Apostle Primary School

39 Boddington Crescent  
Kambah ACT 2902  
phone 02 6231 4144  
fax 02 6296 2621  
www.sttap.act.edu.au  
office.sttapkambah@cg.catholic.edu.au

15<sup>th</sup> September 2017

Dear Parents and Carers,

**RE: 2018 1:1 BYOD (iPad) Program**

This letter is to confirm that you have selected the 'iPad Payment Plan' option for your child in Years 5/6 at St Thomas the Apostle Primary. Attached is the Agreement for you to sign and return. It includes the confirmed costs of the plan and the iPad that will be purchased on your behalf. We ask that you please sign and return this Agreement by Wednesday 11<sup>th</sup> October, 2017.

If you have any questions, please do not hesitate to get in touch.

Kind Regards,

Mrs Ursula Jamieson

Principal



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## St Thomas the Apostle School 1:1 BYOD (iPad) Program

# iPad Payment Plan Agreement

I / we \_\_\_\_\_ parents of \_\_\_\_\_

wish to enter into a Payment Plan with St Thomas the Apostle School, Kambah for the supply of an iPad as part of the St Thomas the Apostle 1:1 BYOD (iPad) Program.

In entering into this Payment Plan I/we agree that:

- The school will purchase an iPad Wifi 32GB in silver on my/our behalf at a cost of \$559.90 (inclusive of Apple Care).
- The school will recover the cost of the iPad over two years by processing the payment for the iPad through my/our school fees over eight school terms (i.e. eight (8) payments) at \$69.98 per term. (If my child leaves St Thomas the Apostle Primary School, the iPad balance will need to be paid out prior to leaving to take ownership of it, or else it will need to be returned in working order with no visible damage.)
- The purchase of the iPad Wifi 32GB under this payment plan will include the purchase of Apple Care and Protection.
- I/we will have full responsibility for the care, use, insurance and maintenance of the iPad as soon as I/we take delivery of it.

Signed \_\_\_\_\_  
(Parent)

\_\_\_\_\_ (Parent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Representative)

\_\_\_\_\_  
(Date)

(Please note that families who have split billing arrangements with the school will need to complete a single "iPad Payment Plan Agreement" form with both party's signatures on this form. These will need to be the same signatures as on the Split Billing form.)