

COMPUTER USER AGREEMENT AT SCHOOL AND HOME

Student Agreement

I have read this User Agreement including the section on cyber-safety (for more information please refer to GIHS' website through the following links: <http://www.gihs.sa.edu.au/our-school/policies/computer-use-agreement> or <http://www.gihs.sa.edu.au/education-programs/one-2-one-learning-laptop-program>).

I am aware of my responsibility to manage my devices in a cyber safe learning environment. I understand that failure to comply with the User Agreement will result in consequences such as the recall of the device and / or removal of access for home use and other appropriate school consequences such as suspension.

Name of Student : _____

Home Group / Student Advisory Group: _____

Signature of Student : _____

Date : ____ / ____ / ____

Parent / Caregiver Agreement

I have discussed this Computer Use Agreement with my son/daughter (for more information please refer to GIHS' website through the following links: <http://www.gihs.sa.edu.au/our-school/policies/computer-use-agreement> or <http://www.gihs.sa.edu.au/education-programs/one-2-one-learning-laptop-program>).

I am aware of my son / daughter's responsibility to manage any device in a cyber-safe learning environment. I understand that if my son/daughter fails to comply with the User Agreement then the appropriate processes of the school will be activated. Please see Laptop User's Handbook (issued with laptop and available on website) for more details.

I accept responsibility for evaluating my personal home contents and car insurance to cover the laptop in the event of loss or damage while in the care of my son/daughter. (Many home and car insurance policies cover such events.)

I am aware that signing and returning this form constitutes a commitment to pay in the event that there are costs associated with repairs or replacement of the laptop (not covered by the three year warranty) if it is wilfully or carelessly damaged while in the care of my son / daughter.

Please note: Glenunga International High School's policies relating to the recovery of debts will apply.

Name of Parent / Caregiver : _____

Signature of Parent / Caregiver : _____

Date : ____ / ____ / ____



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and Child Development

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A Special Interest School
for Students with High
Intellectual Potential

An International Baccalaureate
World School

An Internationally Accredited
School



Department for Education and
Child Development T/A South
Australian Government Schools
CRICOS Provider No. 00018A

This agreement holds for the time your son/daughter is enrolled at this school.