# Annex D: Intent to Purchase Personal Learning Device (PLD)

### **Dunearn Secondary School**

1.	Please tick the following ar $31^{st}$ Jan:	nd submit the form to the Form Teacher of your child's class <u>no later than</u>			
•	child's/ward's <b>Edusave</b> (to t	se the PLD bundle described in paragraph 3 of this letter and would like to he applicable limit) to pay for the PLD bundle. I understand that where there by for the PLD bundle, I will pay for the remainder in cash.			
☐ <b>Yes</b> , I would like to purchase the PLD bundle described in paragraph 3 of this letter and would like fully pay for the PLD bundle in cash.					
	· · · · · · · · · · · · · · · · · · ·	ing the PLD bundle described in paragraph 3 of this letter and would like my nromebook device in school. I am aware that this is subject to the personal with the DMA.			
Chrome	ebook device in school unle	e not to purchase the PLD, your child/ward will not be able to use his/her ss the DMA is installed on such device. As explained in paragraph 7 of this is the teacher to control the student's use of computing device during class			
2.	The default mode of collection is for your child/ward to collect his/her PLD in school and verify the condition of the computing device. The Vendor will run through a device checklist with your child/ward at the point of collection to ensure that the device is in good working condition, and for your child/ward to verify the condition of the device.				
3.	If you are concerned that your child/ward will not be able to properly verify the condition of the computing device, please notify the school and arrange to either collect the computing device personally at the <b>contractor's service/collection centre (during office hours)</b> or appoint an adult proxy to do so.				
4.	Please indicate one parent's/guardian's personal email address to be provisioned with the DN Parent's Account for viewing of your child's/ward's PLD information. This personal email account shou only be accessible by the parent/guardian.				
Parent'	s/Guardian's Personal Email	Address:			
Name NRIC/	of Student (as in BC):				
Class:					
Name of Parent/Guardian* (as in NRIC):					
Signature of Parent/Guardian*:					
Date:					

<sup>\*</sup> Please delete as appropriate.

## **Annex E: Standing Order for Use of Edusave Account**



### **MINISTRY OF EDUCATION**

# STANDING ORDER FOR USE OF EDUSAVE ACCOUNT AT GOVT / GOVT-AIDED SCHOOL

#### FOR PERSONALISED DIGITAL LEARNING PROGRAMME

Please note: This form is to be used by parent / guardian of a <u>Singaporean student</u> who wishes to use the Edusave account of his / her child / ward to pay for a personal learning device incurred by the child / ward in a Government or Government-aided School and billed by the school. Please submit the completed form to your child's / ward's school.

Stud	ent NRIC / BC No:					
Stud	ent Name:					
Scho	ool:					
Stud	ent Level / Class:			_		
USE OF EDUSAVE ACCOUNT FOR PERSONALISED DIGITAL LEARNING PROGRAMME STANDING ORDER <sup>1</sup> INSTRUCTION FROM PARENT / GUARDIAN (Please tick as appropriate.)						
1	I wish to use my child's/ward		ve account for payment:  der the Personalised Digital Learning Programm	ne)²		
2	, -	tanding instruction to authorise the school to withdraw from my child's/ward's* Edusave for the fees/charges indicated above.				
3	If the balance in my child's/s shortfall in cash or from my		usave account is insufficient for the deduction, unt.	I agree to pay the		
	Name of Parent/Guardian	า*	Signature of Parent/Guardian*	Date		

<sup>\*</sup> Delete whichever is not applicable.

<sup>&</sup>lt;sup>1</sup> This standing order will remain in force until terminated by your written notice sent to the school.

<sup>&</sup>lt;sup>2</sup> Includes accessories, software/applications, warranty and insurance cost at the point of initial purchase.

# **Annex F: Authorisation Form**

### **Dunearn Secondary School**

### **Authorisation Form**

Important Note: The computing device must be checked at working condition. Accordingly, parents/guardians who are computing verify the condition of the computing device should personally at the contractor's service/collection centre during Please note that once the proof of receipt is signed, the risk	oncerned that their child/ward will not be able to d arrange to either collect the computing device of office hours or appoint an adult proxy to do so
title to the computing device, will be passed to you.	μ σ
I, Parent/Guardian* of	(name of child/ward*) of class
, authorise	("Proxy") to collect the Personal Learning
Device (PLD) issued under the Personalised Digital Learning P	rogramme (PDLP) on my behalf / will be collecting
the PLD personally*.	
I am aware that the Vendor issuing the computing device will r	run through a device check list with me/my Proxy*
The check list will detail what I/my Proxy* should look out for	or when collecting the computing device to verify
that it is in good working condition.	
I authorise my Proxy to check the computing device on my b	pehalf and thereafter sign the proof of receipt or
my behalf to confirm that the computing device is in good wo	orking condition*.
Name of Parent/Guardian* Date	Signature

<sup>\*</sup> Please delete as appropriate.