



St Francis of Assisi Catholic Primary School

95 Flagstaff Road
Warrawong NSW 2502
Parish Priest: Fr Damien Ellis
Principal: Mrs Vicky Davidson

Warrawong

Phone: 02 4274 3386
ABN 67 786 923 621
www.sfawdow.catholic.edu.au
Email: info@sfawdow.catholic.edu.au

1:1 iPad Purchase Agreement 2026-27 Between St Francis of Assisi Catholic Primary School and Parents:



Parent/Carers Name(s): _____

Parents/Carers of: (Child's Name) _____ Class: _____

IMPORTANT NOTE: This iPad Agreement which includes a financial contract, must be signed by all parties associated with the school fee account of the child receiving the iPad.

By signing this document, I/we agree to the following:

1. I/We enter into a financial contract with St Francis of Assisi Primary School, Warrawong for the purchase of an iPad.
2. The iPad must be used exclusively by the child named above as a learning tool.
3. The iPad will be managed by the school with the required educational Apps installed.
4. The cost of the iPad will be included in my school fees as part of the normal annual billing.
5. The cost of the iPad will be invoiced over a period of two years through a Technology Fee together with all other school fees within my normal frequency and arrangements for payment.
6. On finalisation of payment of the iPad and all other school fees, and the conclusion of my child's enrolment, I/we will own the iPad and it will be unlocked from the school's management system, reset and ownership transferred. After this time the school accepts no responsibility or liability for the device.
7. If my child's enrolment at the school concludes before the end of Year 2023, I/we will be given the option to pay out the remaining balance on the iPad and finalise the school fee account and have it unlocked and then take ownership of it. Alternatively, I/We may cease payment for the device and surrender it to the school with no further charge or refund. Transfer of ownership of the iPad is conditional on full payment of all other outstanding school fees when enrolment concludes.
8. The iPad is a digital learning tool and is managed by the school.
9. No unauthorised applications or changes to the school-determined settings will be made or attempted to be made for the full duration of this agreement.
10. My child must comply with CEDOW's Social Media Policy when using the iPad. That policy is available at <https://www.dow.catholic.edu.au/about-us/policies/social-media-policy/>
11. My child will be supervised (other than when they are at school) in the care and use of the iPad.
12. The school will supervise my child to use and care for the iPad whilst at school in accordance with the policy and procedures set out by the school.
13. The iPad must be stored in a case at all times when it is not being used.
14. The iPad must be used in accordance with the CEDOW Student Responsible Use of Technology Agreement signed by my child and myself.
15. If the iPad is damaged, lost or stolen I/we must advise the school as soon as is reasonably practicable and complete an **ICLT Incident Report Form**.
16. The school will assess all ICLT Incident Report Forms and determine who is liable to pay repair or replacement costs. Such determinations will be made on a case by case basis and are final.
17. If the school determines that I/we are liable to pay for the repair or replacement of the iPad, I/we will pay those costs as soon as is reasonably practicable.
18. I/we may approach the school to negotiate payment options for the repair or replacement of the iPad.
19. I understand the iPad Program and select the following option(s): -

Option 1:	64GB, 10 th Gen iPad and High quality cover - STEM DUX Plus Duo (includes pencil slot) iPad 542.30 Case \$39.60 RRP \$79.95 AppleCare+ 88.00 (This includes up to 2 breakage claims per annum for 2 years with \$65 excess fee per claim) Total cost over 2 years \$669.90	
Option 2:	I wish for my child to use an existing iPad and understand it must be an iPad 5 or later, or any iPad Pro models, and be running iPadOS14. I also understand the iPad must be brought to school in Week 1 of 2025 to be erased (or to be wiped with the help of school staff) to be able to go onto the school management program.	

Parent/Carer Name: _____

Parent/Carer Signature: _____ **Date:** _____

Parent/Carer Name: _____

Parent/Carer Signature: _____ **Date:** _____

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