

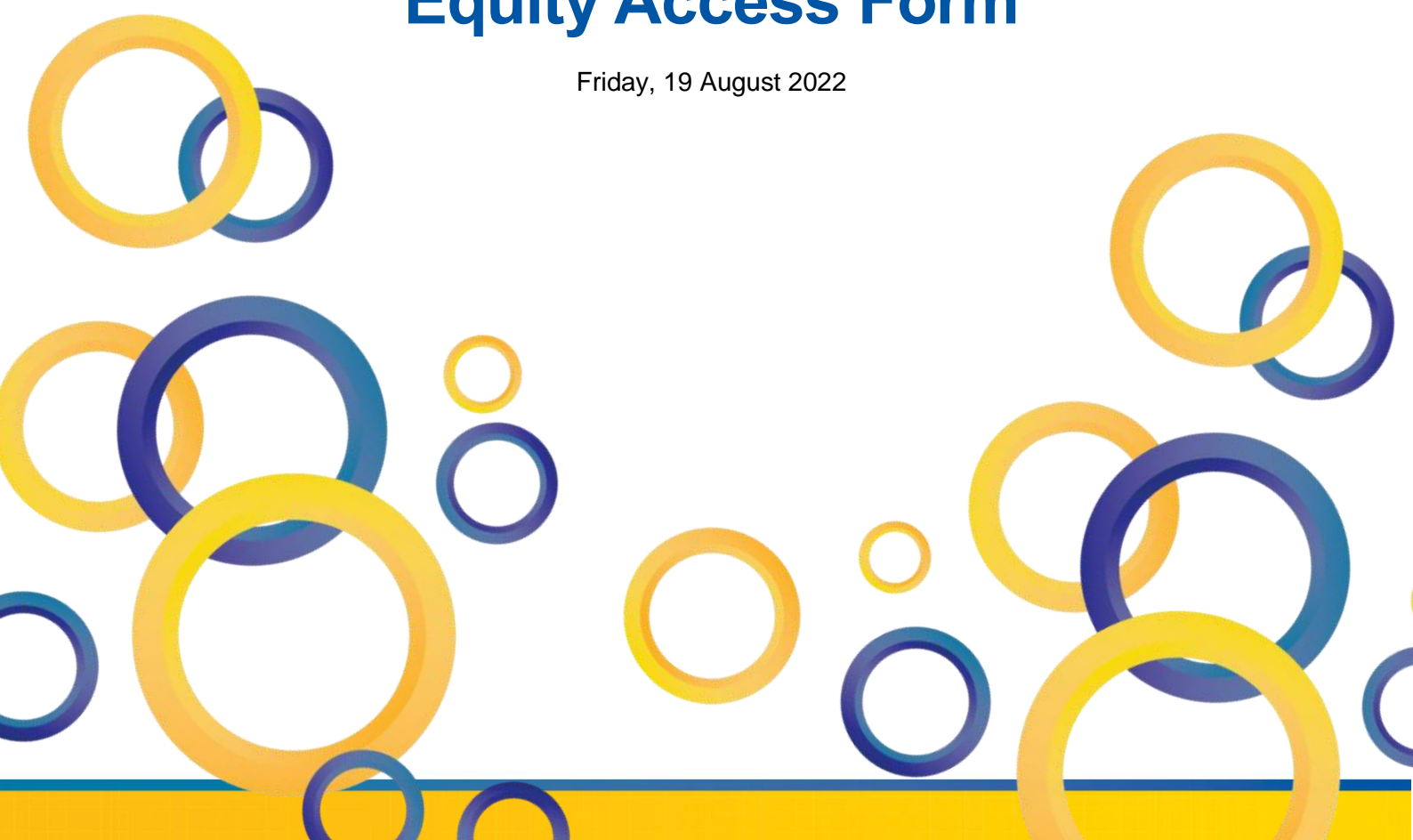
Bowen State High School

Prepared for all things



Bowen SHS BYOD Program Equity Access Form

Friday, 19 August 2022





Rationale

This form provides support to ensure all students in Year 11 and 12 can access the opportunities available through the Bowen SHS Bring Your Own Device Program. Parents and caregivers, as well as staff members, can nominate students from financially challenging backgrounds to receive a School Owned Device (SOD) for the duration of the year this form is completed in. The process is confidential and supportive, with the Principal making the final decision.

Student Name:		
Nominated by:	<input type="checkbox"/> Parent / Caregiver <input type="checkbox"/> Staff Member Staff Member name:	
Year Level:		
Parent Name:		
Date:		
Supporting evidence: Please select the appropriate category. Please attach copy (if applicable)	<input type="checkbox"/> Health Care Card <input type="checkbox"/> Concession Card <input type="checkbox"/> Confidential and supportive Interview <input type="checkbox"/> Attached statement	<input type="checkbox"/> Pension Card <input type="checkbox"/> School knowledge <input type="checkbox"/> Other
	Comments: _____ _____ _____ _____	
I have read and understand the Terms and Conditions and agree to abide by them and to pay the refundable security deposit in accordance with the selected payment arrangement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No Please note: Refundable security deposit must be paid by the end of Term 1:
Parent Signature:		
Decision by Principal:	<input type="checkbox"/> Yes Reason:	<input type="checkbox"/> No
Approval by Principal:	Signature:	Date: