

Crest Secondary School

Intent to Purchase Personal Learning Device (PLD)

1. To proceed with the purchase of the PLD, please tick the following and submit the form to your child's Form Teacher.

Yes, I would like to purchase the PLD bundle and would like to use my child's/ward's Edusave (to the applicable limit) to pay for the PLD bundle. I understand that where there are insufficient Edusave funds to pay for the PLD bundle, I will pay for the remainder in cash.

Yes, I would like to purchase the PLD bundle and would like to fully pay for the PLD bundle in cash.

No, I would not be purchasing the PLD bundle and would like my child/ward* to use his/ her* own personal computing device in school (subject to DMA compatibility). I agree to have the DMA installed on the device.

Please note that should you choose not to purchase the PLD, your child/ward will not be able to use his/her personal computing device in school unless the DMA is installed on such device. As explained in paragraph 6 of this letter, the DMA is crucial as it allows the teacher to control the student's use of computing device during class time.

2. Please indicate one parent's personal email address to be provisioned with the DMA Parent's Account for viewing of your child's/ward's PLD information. This personal email account should only be accessible by the parents.

Parent's/Guardian's Personal Email Address: _____

Name of Student/Ward*:	
Class:	
Name of Parent/ Guardian*:	
Signature of Parent/ Guardian*:	
Date:	

* Please delete as appropriate.



MINISTRY OF EDUCATION
APPLICATION FOR WITHDRAWAL OF FUNDS FROM EDUSAVE ACCOUNT
FOR PERSONALISED DIGITAL LEARNING PROGRAMME

Please note: This form is to be used by parent / guardian of a Singaporean student 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 an Independent School, Specialised Independent School, Specialised School or Special Education School. Please submit the completed form to your child's / ward's school.

Student NRIC / BC No: _____

Student Name: _____

School: _____

Student Level / Class: _____

**USE OF EDUSAVE ACCOUNT FOR PERSONALISED DIGITAL LEARNING PROGRAMME
AD-HOC INSTRUCTION FROM PARENT / GUARDIAN**

- 1 I wish to authorise the school to withdraw **\$945.80** from my above-named child's/ward's* Edusave account for payment of Personal Learning Device (under the Personalised Digital Learning Programme).¹
- 2 If the balance in my child's/ward's* Edusave account is insufficient for the deduction, I agree to pay the shortfall in cash or from my GIRO account.

Name of Parent/Guardian*

Signature of Parent/Guardian*

Date

* Delete whichever is not applicable.

¹ Includes accessories, software/applications, warranty and insurance cost at the point of initial purchase.

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Authorisation Form

Important Note: The computing device must be checked at the point of collection to verify that it is in good working condition. Accordingly, parents/guardians who are concerned that their child/ward will not be able to properly verify the condition of the computing device should **not** authorise their child/ward as their proxy and instead arrange to either collect the computing device personally or appoint an adult proxy. Please note that once the proof of receipt is signed, the risk of loss or damage to the computing device, and title to the computing device, will be passed to you.

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 Programme (PDLP) on my behalf.

I am aware that the Vendor issuing the computing device will run through a device check list with my Proxy. The check list will detail what my Proxy should look out for 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 behalf and thereafter sign the proof of receipt on my behalf to confirm that the computing device is in good working condition.

Name of Parent/Guardian*

Date

Signature

* Please delete as appropriate.