

Fowler USD 225
2020/2021 Device Insurance

Student Name: _____

I understand that the device issued to me is school property and is to be used in a school appropriate way at all times. I am responsible for all damage, missing parts including the case or loss of the device.

_____ (X to mark) I am purchasing insurance in the amount of \$30. Insurance coverage is subject to the following claim fees:

	With Insurance	With-out Insurance
Missing Case ~	\$10	\$20
Cracked Screen ~	\$25	\$75
Loss/damage power cord ~	\$10	\$20
Damage/loss/theft replacement ~	\$50 (one-time use)	\$250

(If there is Damage, loss, or theft a second time the cost will be \$250)

_____ (X to mark) I choose to waive the insurance in which case any loss/theft/damage will require the full replacement cost of the device at \$250.

Graduates may keep and purchase their device after graduation for a \$50 charge.

Student Name _____ Student Signature _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

DATE: ____/____/____