



OFFICE USE ONLY	
Received by: _____	Date: _____
MO \$ _____	Cash \$ _____
Check \$ _____	Check # _____

Michigan City Area Schools Parent/Guardian Chromebook & Tablet Insurance Form

Student Last Name: _____ **First Name:** _____

PLEASE PRINT

School: _____ Grade: _____

Device BARCODE #: _____

Optional Insurance Coverage for Chromebooks and Chrome Tablets:

Grades 7-12 Insurance: \$30 (check or money order payable to your child's school)
Insurance is good for one year. It will cover two (2) repairs for accidental breakage that require part replacement.

Grades K-6 Insurance: "No Break, No Pay"
Families will be notified and charged a \$30 one-time fee if a device is damaged accidentally, at the time of the reported damage. Payment is not required until damage occurs, and you do not need to complete this form until notified.

Equipment that is misused, abused, vandalized or repeatedly damaged through carelessness or neglect will **NOT** be covered by insurance, and the full cost of parts will be charged to the student/parent/guardian.

If you do not purchase insurance, your family is responsible for all costs involved with the repair or replacement of the device. For reference purposes, the replacement/repair costs of the devices are as follows:

Entire Chromebook or Tablet - \$180
Chromebook LCD screen - \$80
Chromebook keyboard - \$45

Prices are subject to change.

(Please pay \$30 when returning this form. Checks/money orders should be made payable to your child's school.)

Parent Printed Name _____

Parent signature _____ Date _____