

**Mitchell Community Schools**  
**Insurance Policy for Devices (Student Chromebooks/iPads) 2017-2018**

**Each student of Mitchell Community Schools (MCS) will be issued a device** (Chromebook or iPad) as part of his/her textbook rental for the 2017-2018 school year. It is our expectation that the student will be responsible for the care and protection of this electronic tool.

**MCS has chosen to offer an insurance policy for the accidental damage of this device.** Prior to a student receiving his/her Chromebook or iPad device, MCS must receive this form filled out and signed by the student's legal parent/guardian along with the insurance fee or designation of the insurance waiver checked below. The costs are outlined below. Claims and deductibles are applied to individual students and not to families. After the third claim, the student is liable for the full repair or replacement cost of the device.

**If a student withdraws** from MCS and then re-enrolls later in the current school year, the coverage purchased at the student's initial registration will be reinstated along with the number of claims made prior to withdrawal. The insurance will be active from the time it is paid and the device issued until either the device is officially remitted to school officials at the end of enrollment or the end of the 2017-2018 school year whichever comes first.

Annual Premium Due at Registration per Family	Deductible Claim #1	Deductible Claim #2	Deductible Claim #3	Damage After Claim #3
\$20 per student	\$25	\$50	\$100	Full replacement cost (\$245) or repair cost
<i>Please note: If you: insured your device in 2016-2017, did not make a claim in 2016-2017, and wish to continue coverage in 2017-2018 the Premium to continue insurance is \$5 per device</i>	\$25	\$50	\$100	Full replacement cost (\$245) or repair cost

**The Chromebook or iPad device or any of its accessories that are lost (whereabouts unknown) or intentionally damaged** is the responsibility of the student and parent involved in the loss of property. The user may not be given another device or accessory to use until the replacement cost of the lost/damaged device or accessory is paid to the school.

**Events that may not be covered by this policy include, but are not limited to:** lost device, theft, damage due to negligent or malicious actions of the student such as transporting outside of protective case, food and drink around the device, or exposure to extreme heat or cold (left in the car which results in device damage).

**Events that may be considered accidental damage by this policy include,** but are not limited to: events at home that result in property damage caused by wind, fire, and water, events where a device is in a car that is involved in an accident, events that may be created by parents, siblings, or classmates which result in damage to the unit (the other party may be held responsible for damages depending on the evidence), other events as determined by the Technology Coordinator or school administration.

**This policy will pay to repair or replace the unit as a result of accidental damage.** Current homeowner insurance or auto insurance policies will be the first insurer when applicable. This policy may be used to cover costs beyond the scope of these insurance policies including deductibles that apply to those policies.

**This policy is optional and may be refused by the parent/guardian.** Students who agree to purchase this policy also agree to keep the unit in the protective case when not in use and/or transporting.

**Check only one of the following three options and sign below:**

I insured this device in 2016-2017, did not make a claim in 2016-2017 and wish to continue coverage in 2017-2018 for \$5 per device

I wish to purchase the 2017-2018 device insurance policy and agree to the conditions stated above.

I wish to waive the 2017-2018 device insurance policy and will take financial responsibility for all damages

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Grade Level (2017-2018)

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

**OFFICE USE ONLY: Date Paid: \_\_\_ / \_\_\_ / \_\_\_ Staff Member: \_\_\_\_\_ Payment method: \_\_\_ Cash or Check # \_\_\_**