

# Greenfield-Central iPad Insurance Agreement 2018-2019

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Proper Care and Precautions

- By signing this insurance agreement, you acknowledge that you have read, understand, and agree with the information outlined in the *iPad Device Agreement* and the *Student Pledge for Use of the iPad* document (Appendix A and B of G-C CSC Digital Learning iPad Handbook).

## Insurance (*the insured iPad will be referred to as "Device" or "device" or "devices" below*)

- I/we understand that any repair costs of devices not covered under this Insurance must be paid by the Student/Parent/Guardian.
- I/we understand that a new Insurance agreement must be purchased for each device assigned to a household and that a new agreement must be purchased each school year.
- I/we understand unused Insurance coverage *does not* roll over to the next school year; nor is unused insurance reimbursed.
- I/we understand that purchased Insurance coverage only applies to the device linked to this agreement and cannot be used as coverage if the student is held responsible for damaging someone else's device.
- Insurance may be purchased from the school's office for \$35 with a \$25 deductible.

## Insurance Coverage:

- Device breakage not resulting from misuse or intentional damage.
- Device loss after an administrator, the Technology Department, and proper authority channels have been contacted and a police report has been filed and certified as factual.
- The assigned device, keyboard case, and charger are covered by this Insurance agreement.

*Signing below signifies the student/parent/guardian have read, understand, and agree to the information detailed in this agreement.*

Student Name: \_\_\_\_\_

Student Signature (if able, can print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Device Asset #: \_\_\_\_\_

For Office Use Only: Paid Date: \_\_\_\_\_

Charger Asset #: \_\_\_\_\_

Check \_\_\_\_\_ Ez-Pay \_\_\_\_\_ Cash: \_\_\_\_\_