Central R-3 School District

West Elementary
Optional Chromebook Insurance Protection
Enrollment Form

Student Name: _____

School Year: _____

Grade: _____

Chromebook Insurance Protection against breakage, damages, loss and theft is available and highly recommended, but not mandatory. If you choose **not** to purchase insurance and the computer is damaged, lost or stolen, you are responsible for all repairs and/or replacement.

West Elementary Insurance Protection cost per device is $10.00 annually* and covers one claim in full for accidental damage or breakage of any Chromebook parts. Second claim within a year will require a $10.00 deductible. Third claim within a year will require a $20.00 deductible and fourth claim within a year will require a $30.00 deductible. Payment of each deductible is required before the unit will be repaired. Subsequent claims beyond the fourth claim within a year will be at a total cost to the student. within a year will be at a total cost to the student. If a Chromebook or Chromebook charger is lost or stolen, insurance covers 50% of the replacement cost and the student is responsible for the remaining 50%.

Insurance Protection must be paid in full before the first claim can be processed. Insurance will not be offered after breakage or damages have occurred. Reimbursement of insurance for students that withdraw from the district will be prorated at $5 per semester if no claims have been made, with the maximum refund being $5.00 within a given year.

Annual is determined to be first of school year distribution until end of the regular school year, or end of summer school session of which your student is enrolled. If Insurance Protection is enrolled on the first day of Second Semester or after, the cost per device is $5.00.

OPTION #1 – ENROLL _____ *(Please return this form along with payment to your child's Principal's Office.)*

OPTION #2 – NOT ENROLL _____

I acknowledge that I have read, understand and agree to all the terms outlined on this form.

Parent or Guardian Printed Name _____

Parent or Guardian Signature _____

Date _____   **Office Receipt #** _____