

# NORTHERN LEBANON

## SCHOOL DISTRICT

### STUDENT DEVICE INSURANCE PROGRAM

The electronic devices provided to students in the Northern Lebanon School District require them to use caution and follow guidelines in the Student Device Handbook to keep them safe. Accidents may happen, so the District has an insurance plan to help families avoid expensive repair bills. ***The insurance program is not mandatory, but it is highly recommended.*** If you choose not to purchase insurance and the device is damaged, the parent/guardian will be financially responsible for all repair or replacement costs. The non-refundable insurance fee must be paid annually.

The insurance fee scale is listed below. If you qualify for free or reduced lunch status, you also qualify for adjusted insurance costs. Your paperwork must be completed and submitted by September 15th, 2021.

#### SINGLE STUDENT PLANS

Single Student (if not eligible for Free or Reduced Lunch)	Single Student (if eligible for Reduced Lunch)	Single Student (if eligible for Free Lunch)
<b>\$25</b>	<b>\$15</b>	<b>\$0</b>

#### FAMILY PLANS (more than 1 student in the household issued a device)

Family Plan (if not eligible for Free or Reduced Lunch)	Reduced Lunch Family Plan (if eligible for Reduced Lunch)	Free Lunch Family Plan (if eligible for Free Lunch)
<b>\$35</b>	<b>\$25</b>	<b>\$0</b>

If there is no sign of damage to a device, then repairs for faulty equipment will be done free of charge. The District will repair or replace a faulty device at no cost to families. But when there is evidence of physical damage (cracks or breaks in glass or plastic, missing parts, or signs of spills, etc.), then the following repair fees will be charged to families:

	Repair Cost (without insurance)	Repair Cost (with insurance)
<b>Broken Screen</b> (iPad or Chromebook)	\$100	\$50
<b>Broken Charging Port or Headphone Jack</b> (iPad or Chromebook)	\$100	\$50
<b>Broken Keyboard or Laptop Body</b> (Chromebook only)	\$100	\$50
<b>Broken Protective Case for iPad</b>	\$50	\$25
<b>Broken Protective Case for Chromebook</b>	\$50	\$25
<b>Replacement Device</b> if lost or severely damaged (iPad or Chromebook)	\$300	\$150
<b>Replacement Charger</b> if lost or severely damaged (iPad or Chromebook)	\$25	\$10
<b>Any Other Repairs requiring new parts</b> (iPad or Chromebook)	\$50	\$25

**This insurance policy only covers accidental damage.** Any damage caused deliberately will be reported as vandalism. Families will be billed for repairs caused by vandalism using the uninsured repair fees. Students may also be subject to disciplinary action. If the laptop is lost or stolen, you must notify the school immediately and be prepared to file a police report. The insurance policy does not cover loss or theft that occurs away from school property; you will be responsible for replacement costs.

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## SCHOOL DISTRICT

### STUDENT DEVICE INSURANCE ENROLLMENT FORM

Please fill out the form below and return it to your student's school office. If you have more than 1 student, then return the form to your OLDEST student's school office. **Please check one:**

☐

I DO wish to purchase device insurance. I have read and understand this document and agree to the conditions described for student use of iPads or Chromebooks.

☐

I DO NOT wish to purchase insurance at this time. I understand that by doing so, I am financially responsible for all repair costs should the device become damaged. I have read and understand this document and agree to the conditions described for student use of iPads or Chromebooks.

**Please complete the following information:**

Oldest Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attends School (Circle one):    Elementary    Secondary    Student Grade Level: \_\_\_\_\_

Additional Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attends School (Circle one):    Elementary    Secondary    Student Grade Level: \_\_\_\_\_

Additional Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attends School (Circle one):    Elementary    Secondary    Student Grade Level: \_\_\_\_\_

Additional Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attends School (Circle one):    Elementary    Secondary    Student Grade Level: \_\_\_\_\_

Additional Student's Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Attends School (Circle one):    Elementary    Secondary    Student Grade Level: \_\_\_\_\_

Student(s) is/are eligible for:    \_\_\_\_\_ Free Lunch    \_\_\_\_\_ Reduced Lunch

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

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

**Please make checks or money orders payable to the Northern Lebanon School District. No cash will be accepted.**

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#### FOR OFFICE USE ONLY:

Payment Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

Verified Free/Reduced: \_\_\_\_\_