

Device Theft Report

DELAWARE COUNTY CHRISTIAN SCHOOL



Student Last Name

Student First Name

Student Grade

Date

DC Device #

Description of Incident, including date and location device was last in your possession:

Name of Police Department that was notified: _____

Name of person who filed report with Police Department: _____

Date of Police Report: _____

Police Department Case Number: _____

Technology Office Assessment and Resolution

Office Use Only – Description and Resolution of Problem

___ 1st theft claim, \$0

___ 2nd or later theft claim,

\$_____ (Replacement Charge)

Parent Claim – to be completed by parent _____

I am making this claim against the DC Device Insurance Policy. I understand I will be billed as listed above.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Submit signed form to Technology Office – M101 (MS/US) or Lower School Library (LS)