

Device Damage or Technical Issue Report

DELAWARE COUNTY CHRISTIAN SCHOOL



Student Report – to be completed by student _____

Student Last Name

Student First Name

Student Grade

Date

DC Device #

Description of problem and any pertinent information about use of device when problem first observed:

Technology Office Assessment and Resolution

___ Technical Issue

___ Damage

Office Use Only – Description and Resolution of Problem

___ Determined to be accidental/normal wear

___ 1st claim this year, \$0

___ 2nd claim this year, \$50

___ 3rd or more claim this year, \$100

___ Determined to be abuse or neglect

___ Abuse or neglect damage, \$100

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)