Burgettstown insurance for Chromebooks Sign-Up

Student Name: ____________________ Grade: ____ Student ID#:____________

❑ Yes, I would like to participate in the BASD insurance Program for Chromebooks. I understand this is a voluntary program which will reduce the fines and replacement cost that I may be subject to if the Chromebook on loan to my student is damaged, lost or stolen. The BASD insurance program (including the reduced fines and replacement cost) are described on the reverse side of this form.

Payment Selection:
The standard payment to enroll in BASD insurance is $25.00 per school year for each child in a household. This amount is reduced for students on free/reduced lunch or for larger families.

Please select the payment amount below. Your receipt is proof of insurance, and will be required to file a claim. (Please make checks payable to Burgettstown Area School District):
❑ Standard Payment of $25.00 per year (Check to School)
❑ My child is currently eligible for reduced lunch benefits - $15.00 per year (Check to School)
❑ My child is currently eligible for free lunch benefits - $10.00 per year (Check to School)
❑ I have already made BASD insurance payments for two other students in my household - $0.00

Names of students already enrolled:____

I certify that the information provided above concerning free/reduced lunch or payments for other children is true and correct. (This information will be verified by district staff in accordance with federal law.)

I have read and understand the rules and the financial responsibilities of the BASD insurance for Chromebooks program. I agree to all terms and conditions of the program and voluntarily enroll my student(s) for the current school year.

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______________________ ____________________________________ ____________
Print Parent/Guardian Name Signature Date

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❑ NO, I decline participation in the BASD insurance Program. I understand I will be financially responsible for all fines or the full replacement cost associated with the loss or damage of the Chromebook while checked out to my child.

_____	_____	_____
Print Parent/Guardian Name	Signature	Date