Renville County West Accidental Damage Coverage

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Coverage and Benefit

This agreement covers the 1:1 Device loaned to the student against accidental damage. Loss will be determined at the time of damage. The coverage includes one replacement during the 3 year replacement cycle. Additional replacements will cost the student/parent full price of the replacement. Charging devices are excluded from this coverage unless found to be faulty.

Effective and Expiration Dates

This coverage is effective from the date this request form and payment is received by the school through the date at which the 1:1 Device is requested to be returned in good working order to the school.

Fee

The total fee is $50 per 1:1 Device, with a family maximum of $150. Partial semesters are non-refundable and not prorated.

It is agreed and understood that

1. Renville County West will offer coverage to all students.
2. Coverage is voluntary
3. A separate application will be needed for each 1:1 Device covered.

____ Yes, I would like to participate in the accidental damage coverage offered by Renville County West Schools.

___ Cash ___ Check (#_____)

___ No, I decline the service and will pay for repair of all intentional or accidental damage including replacement of device if repair exceeds cost of replacement.

___ Cash ___ Check (#_____)

My signature and that of my parent/guardian, acknowledges receipt of agreement to abide by the terms of the Acceptable Use and 1:1 Device Policies and Procedures while using the school issued 1:1 Device.

_____

Student Signature Date

_____

Parent Signature Date