



**Papillion La Vista Community Schools  
Device Protection Program Enrollment Form  
2024-2025 School Year**



Please read this entire document to determine if this program is needed for you and your student's protection against damage and loss of the loaned device (laptop, tablet, etc.) in your care during and outside of the school day. Participation in this program is **VOLUNTARY**. This form **must** be completed before the device will be loaned to the student, even if participation is being declined.

**PROGRAM DESCRIPTION:** The Papillion La Vista Community Schools (PLCS) offers your student the opportunity to participate in this Device Protection Program. This program is designed to protect students and families in the event the loaned technological device is lost, stolen or damaged.

**PROTECTION FEE:** The total protection fee is **\$20.00 per academic school year**.

- No refunds or prorated rates are available.
- The District will offer coverage to all students being issued a device.
- A separate application will be needed per student, per school year for each device for continued coverage.

**EFFECTIVE AND EXPIRATION DATES:** This coverage is effective from the first day payment is received by the District through the annual enrollment period (August of the next school year) or the date at which the device is returned in good, working order to the District.

**COVERAGE AND BENEFITS:** This program covers the technology device loaned to the student against accidental damage. Total value will be determined by the District at time of loss or damage. In no case shall the actual device value be greater than \$325.00. **Power adapters and cases are not covered** by this program. To review current repair costs, please visit the PLCS one-to-one website at: <https://www.plcschools.org/1-1technology>

In the event the device is **LOST** or **STOLEN**, you must immediately report the incident to your school's administration. Papillion La Vista Community Schools may require the student/parent to file a police report.

**LIMITS OF COVERAGE:** Incidents are categorized into two classifications - major or minor - as outlined below:

Category	Cost <b>With</b> Protection Plan (per incident)	Cost <b>Without</b> Protection Plan (per incident)
<b>Major Incident</b> Machine <b>is not</b> repairable and must be completely replaced (i.e. loss, theft, liquid damage, etc.)	\$100*	Actual Repair Cost (not to exceed \$325.00)
<b>Minor Incident</b> Machine <b>is</b> repairable and will be repaired (i.e. screen replacement, hinge replacement, trackpad replacement, etc.)	\$0*	Actual Repair Cost (not to exceed \$325.00)

\*Participants are limited to **three incidents per year**. The fourth incident in an academic year will result in actual repair costs being assessed and loss of coverage for the remainder of the academic year. Participants are able to enroll in the program again the following academic year.

**The following accessories are not covered by this program:** Lost, stolen or damaged case (\$20 replacement cost) or power adapter (\$40 replacement cost).

Failure to use the District provided protective case may void this coverage. It is required to utilize the provided case and power adapter. **Damage due to gross negligence or intentional acts will not be covered.**

<b>**PLEASE SELECT AN OPTION BELOW**</b>	
<input type="checkbox"/> <b>YES - BEGIN PARTICIPATION</b> I would like to participate in the Device Protection Program. I agree to the terms of participation including my responsibility for damage or loss not covered by this program.  \$20.00 payment is required to PLCS for the coverage to begin. I acknowledge that I will receive an email with instructions for payment.	<input type="checkbox"/> <b>NO - DECLINE PARTICIPATION</b> I decline to participate in the Device Protection Program. I understand that I am responsible for 100% of any damage or loss to the loaned device/accessories. Total replacement cost for the device will not be greater than \$325.00.

Note: Students who qualify for the federal Free & Reduced Lunch program will have a waiver for the cost if they choose to participate in the protection program.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Student Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Student Building: \_\_\_\_\_