

SUFFIELD PUBLIC SCHOOLS

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Optional District Device Damage Protection Program 2024-2025 School Year

Please read this entire document to determine if this program is desired for you and your student to provide protection against damage and/or loss of the device in your care.

COVERAGE AND BENEFIT: This program covers the Chromebook /iPad or Laptop loaned to the student against accidental damage (Damage). Total cost of the Damage (actual cost of parts plus labor for Damage) will be determined by Suffield Public Schools.

Please see reverse side for what this Program specifically covers and Common Charges: Damage that occurs from lack of appropriate care of the device or if the device is removed from the case may not be deemed as accidental. This program does not cover intentional damage by the covered student or household members. This includes removal of internal / external parts of the device. Assessment of any damage is to be determined by Suffield Public Schools.

EFFECTIVE AND EXPIRATION DATES: This coverage is effective from August 1, 2024 through July 31, 2025

PREMIUM: The total premium cost is \$40 for Chromebooks and \$50 for iPads. In the event of student withdrawal from the District, the premium is not refundable. The District reserves the right to cancel the program if carelessness or abuse is determined. **PAYMENT IS DUE BY August 26, 2024**

PROGRAM DESCRIPTION: The District offers your student the opportunity to participate in this device Insurance Program. This program is designed to protect students and families in the event the device is stolen (with Police Report), or damaged as described above. A separate form must be completed for each device covered; one form per student is required. **If you do not elect this program, the Chromebook replacement and damage costs are fully paid by the family.**

Date: _____ Grade: _____ School: _____

Name of Student: _____ Student ID Number _____

YES	NO
I would like to participate in the device Insurance Program. I agree to the terms of participation including my responsibility for Damage or Loss not covered by the program. Payment (cash or check) is attached.	I decline to participate in the device Insurance Program. I understand that I am responsible for 100% of any Damage or Loss to the district issued device. Total replacement cost for the Chromebook and case is \$225 Total replacement cost for the iPad and case is \$325
Date:	Date:
Parent Signature:	Parent Signature:
Print Name:	Print Name:

Common Fees for Repair:

Chromebooks:

Sticker removal - \$10 (however if the stickers cause external damage and are not removable the cost is indicated below)

Internal / External Parts removal: This includes ANY and all internal or external operating parts of the Chromebook. Removal of parts will result in a full replacement of the device.

Charger replacement - \$32 (*First one Covered by Insurance*)

Battery - \$50 (*First one Covered by Insurance*)

Screen Replacement - \$30 (*First one Covered by Insurance*)

Full Keyboard Replacement - \$60 (*First one Covered by Insurance*)

Camera - \$35 (*First one Covered by Insurance*)

Full Chromebook Replacement due to External Cracks and Damage: \$225.00

iPads:

Sticker removal - \$10 (however if the stickers cause external damage and are not removable the cost is indicated below)

iPad Screen Replacement - \$150.00 (*First one covered by insurance*)

Full iPad replacement due to external cracks or damage: \$325