

**Thief River Falls Public Schools**

**Technology Program Insurance Agreement**

Thief River Falls Public Schools recognizes that with the implementation of the Customized Student Learning initiative, there is a need to protect the investment for both the District and the Family.

Insurance Coverage

District 564 maintains an insurance policy for district devices that covers accidental damage (drops/spills), cracked screens, vandalism, fire, flood, natural disasters, and power surges. **Loss or theft** of any district device and accessories is **NOT** covered.

Intentional Damage

This insurance program **DOES NOT** cover intentional damage of district devices. Students/parents are responsible for full payment of intentional damages to district devices.

Loss or Theft

All insurance claims must be reported to the school’s technology department. In cases of theft or other criminal acts, a police report, or fire report in the case of fire, **MUST** be filed by the student or parent. A copy of the police/fire report must be provided to the Principal’s Office. Students/parents are responsible for replacement costs of the district device and accessories.

Cost for Students in Grades 3-12

To offset insurance costs, \$60.00 per device will be due before receipt of your student’s device. \$180.00 maximum for families with multiple students attending school in the District (Grades 3-12). Device insurance coverage will be provided by the school district for families that qualify for free (\$0 per device) and reduced (\$30 per device) lunch.

**Payment is non-refundable.** Coverage begins upon receipt of the payment and ends at the conclusion of each school year. There are no partial refunds if a student leaves the district.

Students of families who opt out of the insurance option are not eligible to take the device home. Students can check out their device each morning and must return it at the end of each school day.

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I have read all the policies and guidelines in the Thief River Falls Public Schools 1:1 Program User Guide document and understand my responsibilities. Please return this signed form with the \$60 payment.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

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*Access to Information (formerly referred to as Free/Reduced Lunch)*

- Yes! I DO want school officials to share information from my Educational Benefits Application with the Technology Department.**

**Please Note:** This may also include sharing Direct Certification through SNAP, Medicaid, MFIP, or FDPIR.

**\*\* Please see the REVERSE side to add names of any additional children in your household!**

# WAIVER OF CONFIDENTIALITY

## Sharing Information with the Technology Department

**Completing this form will not change whether your children qualify for free or reduced-price meals.**

If you have any questions regarding whether you qualify for Educational Benefits (or to request a paper application), please contact:  
Jessica Snoozy, District 564 Food Services Manager  
218-681-8765 or 218-681-8711, ext. 5301  
[jessica.snoozy@myproowler.org](mailto:jessica.snoozy@myproowler.org)

ONLINE APPLICATION AVAILABLE AT: <https://lincconnect.com/>

I ALREADY SUBMITTED THIS INFORMATION IN 2024-25 ON THIS FORM:

<u>School</u>	<u>Child's Name</u>

If you checked yes to the box on the previous page, please fill out the form below to ensure that your information is shared for the child(ren) listed below. Your information will be shared only with the programs you checked.

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ School: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**For more information, you may call** \_\_\_\_\_ **at** \_\_\_\_\_

**or email at** \_\_\_\_\_

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD- 3027) at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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