St. Tammany Parish School Board

STPSB Student Device Damage Coverage Signature Form

Your signature below indicates that you have read, understand, and agree to abide by the terms and conditions of the ***STPSB Chromebook Responsible Use Agreement*** and all associated policies it references. School administrators reserve the right to examine, use, and disclose any data found on the STPSB networks in order to further the health, safety, discipline or security of any student or other person or to protect property. I understand that I may face disciplinary action if I do not abide by the policies set forth.

Student:
I have read the rules for using the St. Tammany Parish School Board Chromebook and shall ask my parent/guardian or an adult at my school for clarification if I do not understand what any of them mean.

First Name: _____ Last Name: _____

School Name: _____ Grade: _____ Date: _____

Student Signature: | |

Parent/Guardian Selection (One of the following MUST be selected):

_____ I elect to pay the Student Device Damage Coverage Program. I understand that I am responsible for a single payment of $25.00. The Student Device Damage Coverage is for one school year. Online Payment Preferred and fee must be paid by **the last day of October** to be included in the program.

_____ I elect NOT TO PARTICIPATE in the Student Device Damage Coverage Program. By doing so I accept FULL responsibility for the device if damaged. Replacement cost would be at the current cost of the device or repair as obtained through STPSB repair vendors.

Please Note:

1. Lost or stolen devices are not covered under the Student Device Damage Coverage Program.
2. Device charger and case are not covered under the Student Device Damage Coverage Program.
3. A police report must be filed for the student to be issued another device in the event of theft.

Parent/Guardian:

First Name: _____ Last Name: _____

Parent/Guardian Signature: | |

Date: _____

Last updated: July 17, 2024