# 1:1 FUTURE-READY PROGRAM ASSURANCE OPT OUT

This form allows families to opt out of the $10 annual 1:1 Assurance Program and accept full financial liability for any accidental or intentional damage to their student's 1:1 device, based off the cost of the associated repair.

Please complete the information below and return this form to your school office to opt out and have the $10 fee waived.

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Student School: _____ Student Name: _____

☐ **DECLINE** Assurance Program of Device

Parent Name: _____ Signature: _____ Date: _____

Revised: August 2026