## LITTLE AXE PUBLIC SCHOOLS **LAPTOP INSURANCE AGREEMENT 2021-2022**

| STUDENT NAME:  |  |  |   |  |   | GRADE:                                    |                                   |  |   |
|--|--|--|---|--|---|---|-----------------------------------|--|---|
| STUDENT NAME:  |  |  |   |  | GRADE:  |   |                                   |  |   |
| STUDENT NAME:  |  |  |   |  |   | GRADE:                                    |                                   |  |   |
| STUDENT NAME:  |  |  |   |  |   | GRADE:                                    |                                   |  |   |
| STUDENT NAME:  |  |  |   |  | GRADE:  |   |                                   |  |   |
| The Little Axe Public purchase protection of encouraged but not reyear, who participate of their issued device | covering the rep<br>equired to participe<br>in the Device F<br>e upon graduate   | air or repate in Protect tion fro      | eplacem<br>this volu<br>ion Plan<br>om LAPS | ent costs<br>ntary prog<br>through<br>5 for \$1. | of a distri<br>gram. <b>Inco</b><br>their Sen | ict-issued<br>ming fres<br>ior year w     | device.<br>shmen, s<br>vill be ab | Families<br>starting<br>le to tak        | are strongl<br>2020 schoo<br>e ownershi |
| The cost for the prote<br>student in the district<br>participating in the De                                   | t, and <b>\$20 for</b>   | each a                                 | addition                                    | al studer  | <u>nt</u> in famil                            | ies who                                   |                                   |  |   |
| This plan is effective   | until May 20 <sup>n</sup> , 20   |  |   |  | olled by Ma<br>nool year.                     | arch 10 <sub>°</sub> , 2                  | 2022 will                         | be cons                                  | idered opted                            |
| Without an   | Restroction Restriction Restri | pairs s<br>S MUS<br>port, a<br>be paic | T BE SU<br>device o                         | oard poli<br>IBMITTEI<br>Iaimed as<br>ull within | O WITH A Stolen wi                            | A-R.  POLICE   ill be cons of being       | REPORT<br>idered Loreported       | ost inste                                | ad.                                     |
| Parent Signature: Date:  |  |  |   |  | e:  |   |                                   | -  |   |
| ITEM (DELL 3190)   |  | Without Device<br>Protection Plan      |   | With Device<br>Protection Plan                   |   |   |                                   |  |   |
|  |  |  |   | 1 <sup>st</sup> Incident<br>(100% Covered)       |   | 2 <sup>nd</sup> Incident<br>(50% Covered) |                                   | 3 <sup>rd</sup> Incident<br>(0% Covered) |   |
| Laptop   |  | \$280                                  |   | \$0  |   | \$140                                     |                                   | \$280                                    |   |
| Screen   |  | \$100                                  |   | \$0  |   | \$50                                      |                                   | \$100                                    |   |
| Keyboard   |  | \$60                                   |   | \$0  |   | \$30                                      |                                   | \$60                                     |   |
| Miscellaneous Damage Not Listed  |  | \$80                                   |   | \$0  |   | \$40                                      |                                   | \$75                                     |   |
| Power Adapter Replacement (DPP does not apply!)  |  | \$40                                   |   | \$40   |   | \$40                                      |                                   | \$                                       | 40                                      |
| Hotspot  | Power Adapter  | \$40                                   | \$20  | \$40   | \$20  | \$40                                      | \$20                              | \$40                                     | \$20                                    |
| Office Use: Date PD: Parent Receipt #: Sent to: HS:  |  |  | ed on: _                                    | ash:   |   | Amount_<br>By:                            |                                   |  |   |