



Administration Center  
1000 East Broadway, Stratford, CT 06615

### **1:1 Chromebook Protection Policy Agreement**

The Chromebook Insurance Program is to provide families with protection against unanticipated device damage or loss. This program is offered to 7th -12th grade students who are assigned a Chromebook to take to and from school.

**COVERAGE:** This program covers the Chromebook for all students against accidental damage or theft of the device subject to the following: \$0 deductible for the first two occurrences per year and \$33 deductible per occurrence thereafter.

**PROGRAM DESCRIPTION:** The Device Insurance Program is designed to protect students and families in the event that the Chromebook issued to a student is stolen, damaged, or malfunctions due to no fault of the student. Students and parents may be charged for any damage resulting from intentional damage to the device caused by the student or for lost devices.

**EFFECTIVE AND EXPIRATION DATES:** This coverage is effective from date of purchase, until the last calendar school day. Insurance must be renewed annually.

**PREMIUM:** The cost for the school year is \$33.00. In the event a student withdraws from the District, the premium is not refundable. If a family does not choose to pay the annual premium, the family is responsible for the full cost of replacement parts plus labor or full replacement cost of the Chromebook and charger. (See District Chromebook Policy at [stratfordk12.org](http://stratfordk12.org)). Parents must elect coverage by completing this form and submitting a check, money order, or electronic payment payable to *Stratford Public Schools*. Please include "Chromebook Insurance" on the check memo.

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- Yes, I agree to participate in the Chromebook Insurance Program. I have read the District's policy in full, which is available on the Stratford Public School's website. I agree to the terms of participation as outlined in this Notification/District Policy and have included the \$33 premium payment.

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

CB Serial#: \_\_\_\_\_

Student Number: \_\_\_\_\_

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

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

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

Please make check/money orders payable to: Stratford Board of Ed

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**Office Use Only**

CHECK: \_\_\_\_\_

CASH: \_\_\_\_\_

OTHER: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_