

# Fremont County School District #24

## School Device Accidental Damage Insurance Policy

This insurance policy will cover accidental damage to the device during normal use and during transport while in the student's possession.

Willful, intentional damage, blatant neglect or intentional abuse to the device by the student that the device is checked out to **is not** covered.

School District Policy, local, and state statutes will dictate responsibility and liability in situations where a device is stolen, taken from a student without consent, or in general when misconduct occurs in regards to a student device being taken without consent.

For more on district computer use policy please refer to the "[Student Acceptable Technology Use Procedures](#)" in the parent/student handbook (found online).

**The rate for the initial coverage will be \$20.00 per laptop per school year.**

If there are two claims in one year for a given student, the district will reserve the right to evaluate the viability of the student to take a laptop off of school grounds.

**Paid Laptop Insurance will cover one damaged or lost charger. Additional chargers will cost the full \$80.00 (MacBook) or \$20 (Chromebook) to replace.**

**ALL PAPERWORK MUST BE COMPLETED AND COMPUTER USER AGREEMENT AND COMPUTER INSURANCE OPTION SHEET MUST BE TURNED IN TO THE HIGH SCHOOL OFFICE BEFORE A COMPUTER WILL BE ISSUED TO A STUDENT**

# Student Laptop Checkout Form 2023-2024

## STUDENT INFORMATION SHEET, HEALTH INFORMATION SHEET, PARENT RELEASE AND LAPTOP CHECKOUT FORM MUST BE TURNED IN BEFORE STUDENT WILL BE ISSUED A COMPUTER

Please initial **ALL** applicable lines:

\_\_\_\_\_ I have read, understand, and signed the Student Acceptable Technology Use Procedures (in handbook) for computer and network expectations for Fremont County School District #24.

\_\_\_\_\_ I understand that the district has put safeguards in place to block access to many, but not all inappropriate sites and locations on the Internet. I also understand that it is my responsibility to avoid content that would be considered inappropriate.

\_\_\_\_\_ I realize that circumventing the blocked access safeguards would be a violation of the Student Acceptable Technology Use Policy.

Please initial **ONE** of the following options:

\_\_\_\_\_ I am opting to purchase the school's laptop accidental damage insurance coverage.

**PLEASE INCLUDE \$20 PAYMENT WITH FORM.**

\_\_\_\_\_ I have turned in a current application and have qualified for free and reduced lunch.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
OFFICE USE ONLY

DATE \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ ONLINE \_\_\_\_\_ WAIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_