

Wall Township Public Schools Technology Insurance Form

School: _____

Student Name: _____ Grade: _____

The District offers the option to parents/guardians to pay an insurance fee as protection from bearing the full repair cost for accidental damage to student-issued technology devices or their peripherals.

Please review the below specifics:

- Payment of an annual, non-refundable \$30 use fee covers first time accidental damage to the device/peripherals. After initial damage, the parent/guardian may elect to pay an additional \$30 two additional times to cover a repair fine as long as it is received before the subsequent damage.
- All damage to a device/peripherals must be reported to the main office immediately.
- Damage caused intentionally or by inappropriate usage that violates the school's code of conduct, the District's Acceptable Use Policy (# 2361), or the School District Provided Technology Devices to Students Policy (# 7523) is not covered by this insurance.
- Parents/Guardians choosing to waive fee payment shall incur a fine for repairs caused by damage to the device or peripherals.

I would like to take advantage of the optional Technology Insurance as outlined in Policy # 7523.

Make your check out to "Wall Township Public Schools" in the amount of \$30 including in the memo field "Technology Insurance". Submit payment and this form to the main office of your child's school prior to the end of the third week of school.

Parent/Guardian Signature: _____

Date: ____/____/____ Check #: _____