Wall Township Public Schools Technology Insurance Form

School:	
Student Name:	Grade:
The District offers the option to parents/guardian from bearing the full repair cost for accidental dadevices or their peripherals.	•
 Please review the below specifics: Payment of an annual, non-refundable \$30 damage to the device/peripherals. After in elect to pay an additional \$30 two addition as it is received before the subsequent date. All damage to a device/peripherals must be immediately. Damage caused intentionally or by inapproceed of conduct, the District's Acceptable. District Provided Technology Devices to Staby this insurance. Parents/Guardians choosing to waive fee parents/Guardians choosing to the device or peripherals. 	al times to cover a repair fine as long mage. e reported to the main office opriate usage that violates the school's Use Policy (# 2361), or the School tudents Policy (# 7523) is not covered payment shall incur a fine for repairs
I would like to take advantage of the optional Policy # 7523.	Technology Insurance as outlined in
Make your check out to "Wall Township Public S in the memo field "Technology Insurance". Subroffice of your child's school prior to the end of the	mit payment and this form to the main
Parent/Guardian Signature:	
Date: / Check #:	