



TWO SIGNATURES REQUIRED:

1- CHROMEBOOK POLICY 2- INSURANCE

**1. Chromebook Policy
Student and Parent Responsibilities 2019-20**

Your signature below indicates that you have carefully read and agree to the above statements.

(Student ID#)

(Grade)

(Please **PRINT** Student's Name)

(Student's Signature)

(Date)

(Please **PRINT** Parent's Name)

(Parent/Guardian's Signature)

(Date)

Austintown Local Schools has waived the general supply fee; in lieu, a Chromebook Insurance Plan is recommended for \$50.00. The insurance plan covers unintentional damage to the Chromebook.

Families electing not to pay the \$50.00 Insurance Plan will assume full responsibility for the full cost (\$250.00) of the device if broken or damaged.

**2. Chromebook Insurance
Parent/Guardian**

Please check mark (✓) ONE of the following

<p>_____ YES:</p>	<p>I am electing to pay the \$50.00 Chromebook Insurance Plan. <u>I understand that the insurance is not in effect until this signed paper has been received by the school.</u> I also understand that this insurance does not cover any vandalism or if the Chromebook is lost/stolen. The \$50.00 will be applied to your student's account and is payable through the school treasurer's office or online.</p>
<p>_____ NO:</p>	<p>I am electing NOT to pay the \$50.00 Chromebook Insurance Plan. I understand that I assume full financial responsibility of \$250.00 if the Chromebook is broken/damaged in any way, or lost/stolen.</p>

Your signature below indicates that you have carefully read and agree to the above statements.

(Please **PRINT** Parent's Name)

(Parent/Guardian Signature)

(Date)