

PEM Public Schools
iPad Protection Plan Agreement 9-12

Each student that is issued an iPad is responsible for his/her own device at all times.

Annual Protection Plan Premium: \$25 per student + Deductible

- Devices that have damage must be brought to the Technology Department as soon as the damage occurs. Violation of this may raise the repair cost for your device that you would have to cover.
- The District's protection plan coverage is voluntary.
- A police report must be filed in the event of the theft of a device.
- The District has sole authority to determine any and all replacement costs and fees due to damage (including aesthetic damage), theft, and lost devices/cases.
- If damage/theft does occur, the District reserves the right to require students to check in/out the device daily. Families are responsible to pay for any replacement/repair costs before a student is permitted to bring the device home.
- Damaged devices/cases must be returned to the District before replacement can be determined.

_____ I do hereby agree to the District Annual Protection Plan Premium with Deductible

Plan Premium: \$25

Plan Deductible: \$35 for the 1st iPad Repair,
 \$50 for the 2nd iPad Repair,
 Full Repair Costs for 3rd Repair
 (Price determined by the iPad repair company)

_____ I do hereby agree to provide the District with proof of homeowners insurance for electronics that would cover damages or losses up to \$350.

_____ I do hereby agree to provide the District with a deposit for \$350, which will be returned after the completion of the school year less any damage costs. (Any damage repair costs will be deducted from the deposit amount.)

_____ I do hereby waive my option to participate in the District's iPad Protection Plan, provide proof of homeowners insurance, or a refundable deposit to the District. I understand that I assume full responsibility for all repair and replacement costs as determined by the District. **The device will need to be checked in/out from the Media Center daily.**

_____ I do hereby waive my option to participate in the District's iPad Protection Plan, provide proof of homeowners insurance, or a refundable deposit to the District. I understand that I assume full responsibility for all repair and replacement costs as determined by the District. **The device may be brought home with my child at the end of the day.**

Name of Student (Print Full name): _____

Parent/Guardian (Print full name): _____

Parent/Guardian Signature: _____ Date: _____