

Troy Area School District

Student Name: _____

Grade: _____ Amount Due: _____

_____ **YES**, I would like to accept the insurance offered by the school district in the amount listed above. I understand that this is an annual payment that I must accept or deny yearly. I understand that this insurance off-sets accidental damage, not negligence or intentional damage. It will also provide my student with access to a loaner iPad while their iPad is out for repair.

_____ **NO**, I would not like the insurance offered by the school district in the amount listed above. I understand that this is an annual agreement and that I must accept or deny yearly. I understand that this insurance off-sets accidental damage, not negligence or intentional damage. By not accepting and paying for this insurance, all damage that is due to accident, negligence or intentional damage will be fully my responsibility. All payments for damage must be paid within 30 days of invoicing. Your student will NOT be eligible for a loaner iPad while their iPad is out for repair or if payment is still due.

Student Signature

Date

Parent/Guardian Signature

Date

District Witness Signature

Date