

Receipt # \_\_\_\_\_  
Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_



# Device Accidental Damage Protection Plan Form

(Parent signature required - Please select and SIGN ONLY ONE OPTION)

I, \_\_\_\_\_ (parent/guardian), agree that my student and I have read and will comply with all policies and procedures within the "Device Guidelines" document. We wish to purchase the school-provided protection policy for a \$25 fee. I understand that this policy covers one (1) school-issued device, charger, and case that are the property of Rising Sun-Ohio County Schools described within for one student for one school year. I also understand that by purchasing this protection plan, we are still responsible for damages caused by gross negligence or lost/stolen devices.

### Schedule of Deductibles:

- 1st Damage Incident: \$25.00 Deductible
- 2nd Damage Incident: \$50.00 Deductible
- 3rd Damage Incident: Actual Cost of Damage

Parent/Guardian (Please print first & last name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Student Name (Please print first & last name): \_\_\_\_\_

Student Grade Level: \_\_\_\_\_

*Make Check Payable: Rising Sun-Ohio County Schools*



YES

Only Pick One Option



NO

I, \_\_\_\_\_, agree that my student, \_\_\_\_\_, and I do not wish to purchase the school-provided protection plan for a \$25 fee. I understand that my student and I are responsible for all costs incurred to one (1) Acer device that is property of Rising Sun-Ohio County Schools described within for the prescribed student.

Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_