

2017-2018 Lakeview Community Schools 1:1 Device Permission & Insurance Form

The Lakeview Community Schools 1:1 device program allows your student to take a device home. Taking the device home expands the learning day and allows students to complete projects started at school. However, by taking home a device, families assume some risk. **Parents/Guardians will be responsible for replacement/repair in the event of theft, loss or damage due to intentional or unintentional abuse or misuse of the device at home or at school.**

- Replacement cost for an IPAD and accessories is approximately \$410, and a Chromebook and accessories are approximately \$215.
- **In the event of theft, loss or damage due to intentional or unintentional abuse or misuse, it is the parent/guardian responsibility to cover the full costs to repair or replace the device.**
- **Parents can purchase insurance through LCS to minimize repair costs should damage occur at home or at school.**

Terms of Agreement

The student is responsible for appropriate care and use of the computing device. If the student violates guidelines agreed to in the District Technology Acceptable Use Policy (AUP) or the rules and guidelines as explained in the Student Device Handbook, his/her privilege to use the device may be restricted or removed and he/she may be subject to disciplinary action. The device remains the property of Lakeview Community Schools. A copy of the Student Device Handbook can be viewed on our website at: www.lakeviewschools.net, or there are copies located in each school office. Questions can be answered by calling the Districts main number at 989-352-7221.

Please list all children living in your household that attend Lakeview Community Schools. Only one permission form, per household, needs to be turned in. If you have more than 4 children, please use an additional form.

1st Student Name (First, Last): _____ Grade: _____

Student #1 Signature: _____ Date: _____

2nd Student Name (First, Last): _____ Grade: _____

Student #2 Signature: _____ Date: _____

3rd Student Name (First, Last): _____ Grade: _____

Student #3 Signature: _____ Date: _____

4th Student Name (First, Last): _____ Grade: _____

Student #4 Signature: _____ Date: _____

Home Address: _____

Contact Phone Number: _____

Parent E-Mail Address: _____

Please check the appropriate box for your child(ren):

Opting to purchase insurance: Deductible amounts listed below when purchasing insurance.

- My child(ren) has my permission to use a school issued personal computing device at school and transport to use outside school property. I agree and have provided insurance payment for this option.
- My child(ren) has my permission to use a school issued personal computing device at school, but **DOES NOT** have permission to transport the device or use outside school property. I agree and have provided insurance payment for this option.

Opting not to purchase insurance:

- My child(ren) has my permission to use a school issued personal computing device at school, but **DOES NOT** have permission to transport the device or use outside school property. **I am not purchasing the device insurance, and realize I am responsible for full repair/replacement costs, if something happens to the device at school.**

\$25- 1 device \$50- 2 devices \$75- 3 or more devices

Cash Check/Money Order # _____ Paid online at www.payforit.net

Payment Plans can be set up through the office.

****Device insurance fees are non-refundable.****

If you'd like to avoid the Back-to-School rush, we will start collecting 2017-2018 technology insurance fees before school starts. You can pay these fees online, drop payment and form off to school offices, or mail payment and form to:

Lakeview Community Schools, c/o Tricia Root, 123 5th Street, Lakeview, MI 48850

*** A completed form will still need to be turned in if you pay your fees online.***

****Instructions on how to set up a "Payforit" account can be found at www.payforit.net under the "How do I" tab at the top of the page.****

By purchasing the student device insurance, the deductible per device, is as follows:

- \$30 for first occurrence
- \$40 for second occurrence
- Full cost of repair or replacement for third or more occurrences.

Parent Name

Parent Signature

Date