Morley Stanwood Community School District

A Small Town Making a Big Difference

Electronic Device Insurance Participation Form

Child's Name	GRADE:	
Parent/Guardian Name		
Mailing Address		
City, State, Zip		
Home Phone:	Cell Phone:	

I WILL participate in the Morley Stanwood Community School District's Electronic Device Accident Protection Plan. I agree to the provisions outlined in the policy terms and understand that:

- Enrollment in this program is required to take school district electronic device off school premises.
- The policy only covers the school issued electronic device and does not cover the charger or case.
- This policy does not cover cosmetic damage that does not impair the use of the electronic device; including, but not limited to: scratches, dents, and broken plastic parts or connection ports.
- Damage as a result of a violation of the Electronic Device User Agreement is not covered; including, but is not limited to: dishonest, fraudulent, intentional, negligent, or criminal acts.
- Damage to the device is still the responsibility of the individual parent or student.
- Liability is limited to the replacement/repair of the device; no additional liability is implied or assumed.
- Opening the casing of the device to expose its internal components or hacking the operating system voids warranties and is not covered by this policy. Physically tampering with or hacking the operating system in an attempt to modify a device removes manufacturer protections.
- Devices covered by this protection plan must be in the issued case. Damage that occurs in transit to or from the school site or school activities when the device is not housed in the issued case along with damage caused by intentional abuse will not be covered under this policy.
- Enrollment in this program does not cover: Dishonest, Fraudulent, Intentional, Negligent/Criminal Acts.
- The enrollment cost is non-refundable after January 15th of each school year. If a student leaves the district before January 15th this amount will be prorated.

Student Name: _____ _____

Printed Signature Date

Parent or Guardian Name: _____ _____

Printed Signature Date

Office Use Only: Payment Information:

- $_____ Payment Amt. Enclosed. FORM OF PAYMENT: (*circle*) Cash Check #_____

Device ID:_____