

**\*\*This form must be returned by all students.**



# 1:World Device Insurance Waiver

**Wyalusing Area School District**

PO Box 157, Wyalusing, PA 18853 (570) 746-1600

**YES**, I am accepting the optional insurance offered by Wyalusing Area School District. I understand that it is an annual payment that I must accept or deny yearly.

**(Make check payable to Wyalusing SD and return with this form)**

- 1) I understand that the insurance covers a limited amount of accidental damage, not negligence or intentional damage or loss of accessories or peripherals.
- 2) Should my child's device be inoperable, a spare or loaned device will be provided for use until the original device is repaired.

**NO**, I am declining the optional insurance offered by Wyalusing Area School District. I accept and understand the following:

- 1) By declining the optional insurance, I understand all damage that is accidental, negligent, or intentional will be fully my responsibility.
- 2) All payments for damage must be paid within 30 days of invoicing or legal action will be taken to recover the cost of repairs.
- 3) Should my child's device be inoperable, a spare or loaned device will be provided for use until the original device is repaired.

Homeroom #		Homeroom Teacher:	
Student Name: (printed)		Student Signature:	
Parent Name: (printed)		Parent Signature:	
Asset Tag Number (from device, case, charger)		WVHS2019 ____ ____ ____ ____	
This agreement is in effect during the 2020/2021 School Year.			

# Insurance Waiver

Parents/Guardians have the option to pay a non-refundable insurance waiver fee to cover any accidental first and second occasion damage to their child's device. The waiver does not cover any damage deemed by Administration to be intentional, negligent, malicious, or vandalistic as defined in 'Board Policy #815 – Electronic Resources Policy'. Insurance Waiver fees are due in full by September 11, 2020. Additionally, the Insurance Waiver **does NOT cover any damage or loss** of school provided accessories such as the case or charger.

## **Insurance Amount: \$30 per device per year\***

**\* Exception: Students receiving a device halfway through a school year may have a reduced fee.**

Cost for damages may be as follows:

	<b>Accidental</b>	<b>Not Accidental*</b>
<b>First occasion</b>	No cost / Covered by Insurance	Full repair or replacement** of device determined by extent of damage.
<b>Second occasion</b>	No cost / Covered by Insurance	Full repair or replacement** of device determined by extent of damage.
<b>Third and all future occasions</b>	Full repair or replacement** of device determined by extent of damage.	Full repair or replacement** of device determined by extent of damage.

\*Not Accidental includes, but not limited to, intentional, reckless, negligent, malicious, or vandalistic damage, loss or theft.

\*\*Full replacement cost of the device is determined by the type of device and the cost to the District to purchase its replacement. Average cost (as an example only): \$230.00

### Replacement of lost accessories/peripherals

**The insurance fee does NOT cover the loss of accessories or peripherals.** Accessories and peripherals include charger and case. Fees to replace an accessory or peripheral are dependent on the make/model of the specific item. Average costs (as an example only): Charger: \$25.00, Case: \$35

**It is the responsibility of the parents/guardians to pay for any accidental or negligent damage or loss. Failure to pay for damages 30 days after receipt of an invoice may result in charges filed with the District Magistrate.**