



# Device Accidental Protection Plan

(Parent signature required - Please select and sign only one option)

I, \_\_\_\_\_, agree that my student and I have read  
(parent/guardian)

and will comply with all policies and procedures within the "Sunman-Dearborn Chromebook Handbook" document. We wish to purchase the school-provided protection plan for a \$25 fee. I understand that this policy covers one (1) Chromebook Device that is the property of Sunman-Dearborn 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 fees:

- 1st Damage Incident: \$0.00 Deductible
- 2nd Damage Incident: \$50.00 Deductible
- 3rd Damage Incident Actual Cost of Damage or Device

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

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

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Make Check Payable: Sunman-Dearborn Community Schools

I, \_\_\_\_\_, agree that my student, \_\_\_\_\_,  
(parent/guardian) (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) Chromebook device that is property of Sunman-Dearborn described within for the prescribed student.

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

YES

NO