WINTHROP HARBOR SCHOOL DISTRICT #1

Chromebook Accident Protection Plan Application

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Name of Student:		_	
Grade Level:			
Parent/Guardian Name:			
Mailing Address:			
City, State, Zip Code			
Home/Cell Phone:			
 outlined in the policy terms at the policy covers the The policy does not continued to scratches, does not continue to scratches not continued to dishonest, for the scratches not continued to scratches, does not cont	and understand that: school issued device, char over cosmetic damage that lents, and broken plastic pain place based on annual car violation of the Chromet raudulent, intentional, neglitudent/family. The replacement/repair of the voids all warranties and removing manufacture to transported in an approvious evered under this policy.	t does not impair the use of the devic	re. This includes but is not rare not used in calculating. This includes but is not be device is still the amplied or assumed. The reaking is the act of hacking y a device.
understand that my child wil repair is still the responsibili *By signing this, you agree to acceptable use policy as state	l still be issued a devicty of the student/fami	vell as the Chromebook User Ag lbook. Signature	e Chromebook requirinş
Parent/Guardian Name:	Printed		 Date
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Payment Information: (F			
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