

Personal Device Agreement/Waiver

Mayville Community Schools will provide insurance coverage on all student personal devices for those parents/guardians who are participating. **The cost to participate in the Personal Device program plan is \$20. (If the device is accidentally broken, there is a deductible of \$50.00, the 2nd time is a deductible \$150.00 the third time is \$250.00 deductible)** which covers the device until it is returned to the district at the end of school in June 2016 for a one-time loss or damage. **The \$20 cost will be returned if no reported damage or loss has been assigned to the device.**

Terms:

*For all students - \$20 purchases the following deductible plan:

Deductible:

*First time damage/loss will result in a \$50 deductible, paid by the student/parent/guardian for repairs.

*Second time damage/loss is a cost of \$150, paid by the student/parent/guardian for repairs.

*Third time damage/loss \$250 deductible and/or may result in revoked privileges.

The district **WILL NOT** provide any type of case for personal devices. One may be purchased at your personal discretion.

Please sign and check ONE of the two options below:

OPTION ONE: _____ I choose to participate in the personal device insurance program after reading the above terms and deductible conditions. I understand that I am responsible for **The cost to participate in the Personal Device program plan is \$20 plus all accrued deductibles if device is damaged.**

Parent Signature

Date

Print Student Name

Paid Check # _____ Cash _____

Check is to be made out to Mayville Community Schools.

OPTION TWO: _____ I choose **NOT** to participate in the personal device program at all with Mayville Community Schools.

THIS MUST BE SIGNED BY A PARENT AND THE STUDENT AND RETURNED NO LATER THAN by the end of the first week of school.

Parent Signature

Date

Print Student Name