

## **CGLS Tech Initiative Protection Fund**

Please read this entire document to determine if this program is needed for you and your child's protection against damage and loss of the loaned equipment in your care. This form must be completed and marked YES or NO before the device will be provided to the student.

### **Coverage and Benefit**

This agreement covers the device loaned to the student against all accidental damage or loss over \$50. Accessories (charger and case) and damages valued at less than \$50 are NOT covered and are the sole responsibility of the student. Coverage is 24 hours per day. If a device is accidentally damaged throughout the coverage period, a replacement device will be given. If a student's device is accidentally damaged a second time, the parent must pay an additional \$75 to provide coverage for the device for the balance of the school year.

Negligent damage is the sole responsibility of the student and parent. The Technology Department will determine if the damages were accidental or due to negligence.

### **Effective and Expiration**

This coverage is effective from the date this required form and premium payment are received by the school through the date when the device is required to be returned in good order to the school.

The Tech Initiative Protection Fund provides protection for only the device.

### **Premium**

The total premium cost is \$75 per school year. Partial semesters are not refundable. It is agreed and understood that:

- The Columbus Grove High School Protection Fund will offer coverage to all students.
- Participation is totally voluntary. If a student does not participate, he or she will not be allowed to take his or her device off of school property.
- A separate application will be needed for each device covered.

A student with a damaged device will be given a replacement during the time needed for repair, but will not be allowed to take the replacement device home.

\_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_ YES, I would like to participate in the Initiative Protection Fund

\_\_\_\_\_ NO, I decline service at this time, and understand I am responsible for 100% of any damage or loss to the loaned device and that the device will remain in school. The student will only have access to the device during school hours, including supervised extended hours.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date