



**St. Catharine School
Insurance Coverage for Chromebook Laptops
2017-2018 School Year**

Student Name (Please Print): _____

Homeroom Teacher: _____

Parent Name: _____

Address: _____

Home Phone: _____

Date: _____

Homeroom: _____

Property Covered: HP Chromebook Laptop

Amount of Insurance: \$30.00 per Unit

Coverage Benefits: Manufacturer Defect, Accidental Damage

Note: 1.) *Wanton and willful destruction is not covered*
2.) *A second AC Adapter/ Charger replacement is not covered; replacement cost is \$49.00*

Insurance Participation Information

_____ I/We elect to participate in the SCS Chrombook Insurance Plan.
One payment of \$30.00 for each device, **made payable to St. Catharine School.**
Payment Due October 6, 2017

Parent Participation

Signature: _____

Non-Participation Information

_____ I/We elect **NOT TO** participate in the SCS Chrombook Insurance Plan.
By doing so I/We accept FULL RESPONSIBILITY for the Chromebook(s) should they be lost, stolen, or damaged. Replacement Cost is set at the current cost of a replacement device (approximately \$250.00)

Parent Non-Participation

Signature: _____