

MANSFIELD CHRISTIAN SCHOOL – CHROMEBOOK INSURANCE

9/12/17

Dear Parent/Guardian of MCS Student in Grades 3 – 12 (on-campus)

If you are interested in the optional Chromebook Insurance, the cost of this insurance is \$35 with the following specifics:

- Replacement of lost or stolen Chromebook. Replacement cost without insurance is \$250.
- No deductible
- Insurance is annual – it does not carry forward
- Cost of the insurance is \$35 per year, per Chromebook

All other Chromebook damages are charged according to the prices in policies*. There are only four problems that can be fixed: broken screen, broken keyboard, lost charger (power cord) or lost/stolen Chromebook.

Insurance goes into effect upon receipt of payment. Please make your check payable to MCS, \$35 per Chromebook. Feel free to contact Barb Long, Business Manager, if you have any questions: 419.756.5651 ext. 213 or long.barbara@mcsflames.org

**Lost/Damaged Policy:*

*If the Chromebook is lost or stolen, a parent/guardian should immediately report the loss or theft to the office. Parents are responsible for the replacement of a lost or stolen Chromebook. If the Chromebook is damaged or not working properly, it must be turned in to the office with the completed Chromebook Incident Report (in your policy manual). **Parents/guardians are not authorized to attempt repairs themselves or contract with any other individual or business for repair of the Chromebook.***

Parents/guardians/students will be responsible for the entire cost of repairs that are the result of willful damage to the Chromebook, case, or power supply/cord. In the event the Chromebook or power cord becomes lost or stolen, the parent/guardian/student will be responsible for the cost to replace them.

Repair costs are as follows and are not covered by MCS Chromebook Insurance:

Screen \$104.99

AC adapter \$59.99

Keyboard \$15.99

I would like the 2017-18 Chromebook Insurance for my child(ren). I agree to the above said terms.

Please print, complete and return this form along with your \$35 check to MCS Central Office. Insurance coverage begins once both form and payment are received.

Parent/Guardian Name: _____

Student(s) Name & Grade: _____

Date: _____