Pasadena Independent School District
STUDENT & PARENT Accidental Damage and Acceptable Condition Protection Coverage AGREEMENT

Place Serial Number and/or Assigned Number Here

Print All Information

Student Name _____ (Last Name) _____ (First Name) _____ (Student ID#)

Parent Name _____ (Last Name) _____ (First Name) _____ (Social Security or Driver's License#)

Parent Email Address _____

Address _____

Home Phone _____ Work Phone _____

Accidental Damage and Acceptable Condition Protection Coverage

Accidental Damage and Acceptable Condition Protection Coverage ("Coverage") is optional, annual insurance offered to students and parents/guardians by the Pasadena Independent School District ("PISD"). This Coverage is offered as part of the District's ability to waive, or reduce, the replacement and/or repair costs associated with accidental damage to a PISD-owned 1:1 device. The $30.00 Coverage fee is non-refundable and will be due at the beginning of each school year, or no later than fifteen calendar days after the student receives the 1:1 device. Please commit to one of the 3 types of payment options listed below:

- ☐ $30.00 Money Order made payable to *Pasadena ISD*
- ☐ $30.00 On-line payment
- ☐ $30.00 Cash

Terms of Agreement

Coverage is not in effect and will not apply to any damage to a 1:1 device until the Coverage fee has been paid in full. Coverage will only apply to one incident per school year at the student and/or parent/guardian's discretion. Coverage will not apply if the 1:1 device is not maintained in the PISD-issued case. If damage to a 1:1 device is intentional, the student and/or parent/guardian will be responsible for the full repair or replacement cost as designated in the PISD Student Handbook. A student and/or parent/guardian may choose to pay the full repair or replacement cost as designated in the PISD Student Handbook in lieu of utilizing the purchased Coverage. The student and/or parent/guardian will abide by the Student Handbook guidelines, including PISD's Responsible Use Policy, at all times.

By my signature below, I certify that I am the student, and/or parent/guardian of a student, who has been assigned a PISD 1:1 device and have voluntarily chosen to purchase Accidental Damage and Acceptable Condition Protection Coverage. I further acknowledge that I understand and agree to the terms listed herein.

Signatures

_____ (Parent/Guardian Signature) _____ (Student Signature) _____ (Date)

OFFICE USE ONLY: Receipt Number: