

**Brookings High School Computer Protection Plan  
Application Form 2020-21 School Year**

This plan protects against damage and loss of loaned computer equipment off school property. Please read this entire document to determine if this plan is right for your child. This form must be completed and signed before the computer will be provided to the student.

**COVERAGE AND BENEFIT:** This agreement covers the computer loaned to the student against all accidental damage. Coverage is 24 hours per day. Intentional damage or misuse is not covered.

**THEFT AND/OR LOSS:** It is the student's responsibility to control his/her laptop at all times. Failure to return the laptop to the school district before departing will result in prosecution for the replacement value of the computer.

**EFFECTIVE AND EXPIRATION DATES:** This coverage begins when the application form and associated premium are received by office staff. It is effective through the date on which the computer equipment is returned to Brookings High School.

**PREMIUM:** Payment of this premium\* allows the student take the computer off school grounds. This is not a refundable fee, but a premium, which costs \$25 per school year per computer. (Maximum cost of \$50 per family.) Partial semesters are not refundable. A separate application and fee are necessary for each computer covered.

**\* If this cost is a hardship for your specific financial situation, please speak with a high school administrator or a school counselor.**

This form must be completed and returned to the school before a computer will be checked out.

**PLEASE WRITE LEGIBLY.**

DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

\_\_\_\_\_ YES, I wish to participate in the computer protection plan.  
(*\$25 payment per student is required.*)

\_\_\_\_\_ NO. I do not wish to participate in the computer protection plan. My child will leave the laptop at the school each night and pick it up each morning.  
(*Students leaving computers at school will use the same computer each day.*)

**I understand that damage caused by misuse or abuse is not covered under this plan.**

**Parent/Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Family Plan Members:**

Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Name: \_\_\_\_\_ Grade \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Grade: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> _____ \$25 Received    Cash _____    Check # _____ _____ \$50 Received    Cash _____    Check # _____
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