

**THIEF RIVER FALLS PUBLIC SCHOOLS**

**1:1 PROGRAM INSURANCE AGREEMENT**

Thief River Falls Public Schools recognizes that with the implementation of the Customized Student Learning initiative there is a need to protect the investment by both the District and the Family. The 1:1 Device (MacBook Air/iPad) Insurance Cost is \$50.00 per device and will be due upon receipt of your student's 1:1 Device. The 1:1 Device Insurance Cost will be capped at \$150.00 for families with multiple students, Grades 6-12, attending school in the District. 1:1 Device insurance coverage will be provided by the school district for families that qualify for free (\$0 per device) and reduced (\$25 per device) lunch.

The 1:1 Device Insurance Cost will provide insurance coverage for accidental damage (drops/spills), cracked screens, vandalism, fire, flood, natural disasters, and power surges due to lightning. Loss or theft of the 1:1 Device is NOT covered with this insurance. The \$50.00 payment is nonrefundable. This annual coverage begins upon receipt of the payment and ends at the conclusion of each school year.

All insurance claims must be reported to Mr. Dyer. In cases of theft or other criminal acts, a police report, or fire report in the case of fire, MUST be filed by the student or parent. A copy of the police/fire report must be provided to the Principal's Office. In the case of loss or theft of the device students/parents are responsible for replacement costs of the 1:1 Device.

Students of families who opt out of the insurance option will not be able to take the device home and will be required to check their 1:1 Device out each morning and in at the end of each school day.

**INTENTIONAL DAMAGE:** Students/parents are responsible for full payment of intentional damages to 1:1 Devices. School District 1:1 Device Protection DOES NOT cover intentional damage of the 1:1 Device.

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I have read all the policies and guidelines in the Thief River Falls Public Schools 1:1 Program User Guide document and understand my responsibilities. Please return this signed form with \$50 payment.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Date: \_\_\_\_\_

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CHECK NO. _____ CASH _____
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