

Vidor ISD PK-6 Grade Parent/Student DEVICE AGREEMENT

By signing below, my child and I acknowledge that we have read and agree to follow and accept the **Acceptable Use Guidelines** and the **VISD 1:1 Chromebook Handbook**; and understand that any violation of these guidelines will result in disciplinary action.

Student Name: _____ Campus: **OF PF VE VMS** (circle one)

Student ID# _____ Grade _____ Homeroom Teacher _____

Parent/Guardian Signature _____ Date _____

Phone # _____

DEVICE PROTECTION PLAN

What is the Device Protection Plan:		
This plan is being offered directly from Vidor ISD. This coverage will protect you from paying the full cost of repairs or replacement of your student's Chromebook due to drops, surges, and accidental breakage.		
The plan begins when payment is made and ends on the last day of school.		
What is covered?		
Drops, falls and collisions; electrical surges; damages or broken LCD panel due to drop, fall, or pressure; accidental breakage; liquid spills; natural disaster or flood.		
What is NOT covered?		
Damaged in a fire (home or auto insurance coverage), intentional damages (student is responsible), power cord loss (student is responsible), normal wear that does not affect performance (student is responsible), key replacement (student is responsible)		
How much does this protection plan cost?		<ul style="list-style-type: none"> ● \$25 to enroll (\$15 free & reduced) ● First incident covered with cost of enrollment
How much do the Chromebooks and replacement parts cost? <i>(estimated costs)</i>	<ul style="list-style-type: none"> ● Chromebook - \$250.00 ● AC Adapter and Cord - \$50.00 ● Battery Pack - \$80.00 ● Keyboard and Touchpad - \$125.00 ● USB and Audio Ports - \$125.00 	<ul style="list-style-type: none"> ● Display Panel - \$125.00 ● Webcam and Microphone - \$125.00 ● Speakers - \$40.00 ● Security tag - \$10.00 ● Case - \$30.00

I, _____, the parent/ guardian of _____
(Parent/Guardian Name Printed) *(Student Name Printed)*

agree to pay the VISD Chromebook Protection Plan cost of \$25.00 (\$15 free & reduced) for the 2021-2022 school year. No family will be required to purchase more than a \$75 protection plan.

I will pay this fee by one of the following options:

- One full payment via (circle payment type) Cash Cashier's Check Check Credit Card
- I may need additional help to pay the fee. (Please leave a phone number so that we can call you) _____
- Opt out of protection plan and take full financial responsibility for the device

I understand that until the above amount is paid in full, I am financially responsible for all damages to the device assigned to my child. Opting out will result in financial responsibility for all damages including theft or loss.

OFFICE USE ONLY

Total amount paid \$ _____ Cash _____ Cashier's Check _____ Check _____ Credit Card _____

Received By: _____ Date _____