

Seymour Public Schools Device Protection Plan Application

Parent/Guardian Name: _____

Student Name: _____

Student Grade (Circle One): K 1 2 3 4 5 6 7 8 9 10 11 12

Date: _____

- I choose to participate in the Seymour Public Schools Device Protection Plan for which a non-refundable payment for coverage outlined in the Seymour Public Schools Device Protection Plan Policy for a period of One (1) year.

- I choose NOT to participate in the Seymour Public Schools Device Protection Plan and agree to pay for any repairs or replacement of the device according to the a la carte pricing below, not to exceed the full replacement value of \$275.

Screen Replacement \$100

Keyboard Replacement \$50

Charger Replacement \$20

Always-on Case Replacement \$25

Device Replacement \$250

If choosing to pay with a check, make payable to

“Seymour Public Schools”, and write your student’s name and “One to One Protection Plan” in the memo field.

Cash payments are not accepted.

Parent/Guardian: _____

School Official: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____