

* **NOTE: One form per student must be completed with parent signature and student signature.**

2020-2021 Wausau School District Chromebook Use Agreement

The following information needs to be completed prior to obtaining your Chromebook. Chromebook Handbooks can be found on the District Webpage or a paper copy can be obtained from your school office.

Student Name (print) _____ Grade _____

Parents/Guardians:

• ___ I will review and discuss the Chromebook Policy Handbook and the Responsible Use of the Internet document with my child. I understand that my child's failure to follow the information and expectations outlined in these documents may result in disciplinary action and/or loss of use privileges.

*Parent Signature _____ Date _____

Student:

• ___ I will read and discuss the Chromebook Policy Handbook and the Responsible Use of the Internet document with my parent. I understand that my failure to follow the information and expectations outlined in these documents may result in disciplinary action and/or loss of use privileges.

*Student Signature _____ Date _____

Chromebook Insurance Information - Cost of Enrollment

- Enrollment in the WSD insurance plan is \$20.00 per Chromebook.
- Coverage begins new with each year's enrollment.
- With the exception of intentional/purposeful damage, all repairs will be covered under the insurance plan as follows: First claim - \$0; Second claim - \$0; Third claim - Half of the cost of repair; Full Device Replacement - Half of the cost with District retaining the damaged device.
- Coverage includes the device, charging equipment and case.

Options for Purchasing Chromebook Insurance Coverage:

1. Payment can be made online via the Infinite Campus Parent Portal.
(Chromebook Insurance is listed under the optional payments drop down menu in My Accounts.)
2. Provide check or cash payment in the envelope with this form.

Parents/Guardians:

• ___ I accept the opportunity to insure my child's Chromebook and pay the waiver fee (\$20.00 per year). [Coverage begins upon receipt of payment.]

• ___ I decline the insurance opportunity and take full financial responsibility for any loss or damage to the device issued to my child.

*Parent Signature _____ Date _____