



Orchard View Schools

Discover • Learn • Succeed

**Orchard View School District
Device Insurance Agreement
2023-2024 School Year**

*Technology Department
35. S. Sheridan Road
Muskegon, MI 49442
231.760.1587*

The district is requiring families to purchase chromebook damage insurance to cover non-malicious acts (accidental Drops, Spills, Etc.) via a district pool that will cover the cost of repair or replacement of an assigned device. The cost of damage insurance is \$20 per student, per school year for high school and middle school students. The cost of damage insurance is \$15 per student, per school year for high school and middle school students who qualify for Free and Reduced. **If payment arrangements need to be made, please contact the building's office.**

All students will be held to the standards noted in the Student Acceptable Use Policy. All damages or loss of device must be reported immediately.

Cases are required on all chromebooks!

Costs students are responsible for:

All students get one free replacement of each device given for their first incident. After that they will be fined the following:

Broken Screen and broken computer count as the same on the first incident.

Issue	Cost after 1st replacement
Lost/Broken Earbuds	\$1
Lost/Broken Mouse	\$5
Broken/Removed keys	\$20
Lost/Broken Case	\$30
Lost/Broken Charger	\$30
Broken Screen	\$180
Broken computer/Not usable	\$300

Fines are based on the original purchase price.

The devices are the legal property of the district and must be returned upon request, upon leaving the district, or at the end of the school year in good working condition.

Any tampering of the internal parts of the devices is strictly prohibited. This will void all insurance and warranty on the equipment and you will be held responsible for all repair costs.

Students may open work orders at helpdesk.orchardview.org for additional technology assistance.

Please return this page of the form, along with payment (by check or money order written to OV School District) for insurance to:

**Orchard View Central Office
Attn: Technology Fee
35 S. Sheridan Road
Muskegon, MI 49442**

Date insurance paid: _____

Student Name (Printed: _____ Grade: _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Must include student name and grade, legibly written, to receive credit for insurance. If we are unable to read the student's name, insurance credit will not be given.

All Forms must be returned to the Technology Department. The form can be mailed, or turned into the office where your child attends by **September 15, 2023**.