



Orchard View Schools

Discover • Learn • Succeed

Orchard View School District Device Insurance Agreement 2024-2025 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 \$10 per student, per school year for middle school students grades 7th and 8th. The cost of damage insurance is \$5 per student, per school year for middle school students grades 7th and 8th who qualify.

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:

First repair - Free!

Second repair - 50% of repair

Third repair - Cost of repair

Issue	Cost of Repair
Stickers Removed/Added	\$1 per sticker
Broken/Removed keys (keyboard replacement)	\$20
Broken Trackpad	\$20
Lost/Broken Case	\$25
Lost/Broken Charger	\$25
Broken Screen	\$180
Broken computer/Not usable	\$300

Mice and Headphones are available throughout the school year in the office for \$1. They are not covered by insurance as they are optional.

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 **Building Orientation**.