

School Use Only:
Grade: _____



School Use Only:
PAID: Date: _____
 Cash
 Check

Insurance Agreement and Enrollment

Fill out, sign, and return with any payment.

Student Last Name: _____ First Name: _____ Grade: _____
 800#: _____

School (Please Circle): LMS FMS PRHS PRISC LHS/IHS/PRO

The Student Chromebook Use Agreement does not include everything that may possibly happen during the school year. If any situation not specifically covered should arise, the administration will make every effort to act fairly and quickly. Each situation is different and will be handled on an individual basis. Take the time to know the rules and regulations you are expected to follow and many of the minor problems can be avoided. If you have questions or problems, please see the principal.

I have received, read, and discussed with my child the terms of this agreement and the policies listed in the Student Chromebook Use Agreement. I understand the terms of the Student Acceptable Use Agreement and the options for insurance coverage of the tablet.

INSURANCE FOR ACCIDENTAL DAMAGE, THEFT, OR FIRE: Following are the three options that are available for these types of losses, and the student/parent must commit to one by checking the appropriate box.

- No Insurance** You agree to pay for the replacement and repair of the Chromebook at a cost estimated to be \$225 should the Chromebook be stolen or damaged.
- Personal Insurance** You will cover the Chromebook under your own insurance policy and in the case of accidental damage, theft, loss, or damage by fire, you agree to pay PRJUSD the amount received from your insurance company plus any additional amount needed to cover the Chromebook replacement estimated to be \$225.
- School District Protection** You choose to pay PRJUSD an annual protection payment for coverage of accidental damage or theft to the Chromebook in the amount of \$20.00 or \$50.00 for family coverage when there are more than two children using Chromebooks. The \$20.00 payment is non-refundable. This annual coverage begins upon receipt of the payment and ends at the conclusion of each school year. Cash accepted or checks payable to Paso Robles JUSD.

Charge	Damage Incident #1 Deductible or Payment	Damage Incident #2 Deductible or Payment	Damage Incident #3 Deductible or Payment
Deductible with District insurance	\$50	\$75	\$100
Payment due without District insurance	\$225 (prorated for used devices)	\$225 (prorated for used devices)	\$225 (prorated for used devices)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT STUDENT ACCEPTABLE USE POLICY
REQUIRED SIGNATURES

I, _____ (print student's name) and my parent or guardian,
_____, agree to all of the previous provisions regarding student use
of technology resources on District premises or at a school-sponsored event.

USER: I understand and will abide by the above conditions and rules contained in the Student Acceptable Use Policy. I further understand that any violation of the above conditions, rules and Student Acceptable Use Policy is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and disciplinary action and/or appropriate legal action may be taken.

PARENT OR GUARDIAN: (If you are the parent or guardian of a student under the age of 18, you must also read and sign this agreement.) As the parent or guardian of this student, I have read the Student Acceptable Use Policy and will instruct my child regarding any restrictions against accessing materials and will emphasize to my child the importance of following the Networked Information Policies. I understand that this access is designed for educational purposes. I also recognize that it is impossible for the Paso Robles Joint Unified School District to restrict access to controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account to my child and certify that the information contained on this form is correct.

Please sign and acknowledge acceptance of these policies.

Student Signature: _____ Grade: _____

Parent/Guardian Signature: _____

Date _____