



Chino Valley Unified School District

Device Protection Plan & Agreement

Dear Parent/Guardian,

CVUSD offers an optional student device protection program.

The District Device Protection Plan covers accidental damage to the device and is designed to limit a family's financial responsibilities for any damages as described below.

Coverage

- ❖ **Accidental Damage:** Pays for accidental damage caused by liquid spills, drops, or any other unintentional event. ❖
- Theft:** Pays for loss due to theft; the claim requires a police report to be filed.
- ❖ **Fire:** Pays for damage due to fire; the claim requires a police report to be filed.
- ❖ **Device will be repaired or replaced:** At the discretion of the CVUSD, the student's device will be repaired or replaced.

Program Fee/Coverage Options

Device Protection Plan:

- ❖ Non-refundable fee: \$40 for the current school year. ❖
- Coverage: Repair/Replacement of school issued device throughout the current school year. Coverage is per student. *or*

Per Incident Fee:

- ❖ \$50 fee per incident. Paid at each incident.
- ❖ Coverage: Repair/Replacement of school issued device for each incident.

Exclusions

- ❖ **Intentional Damage:** The student will be responsible for the full amount of the repair/replacement for intentional acts to the student's device or the device of any other student. This would include throwing, kicking, or other purposeful acts.
- ❖ **Cosmetic:** CVUSD will not replace a device for purely cosmetic issues that do not affect the functionality of the device.
- ❖ **Misuse:** "Jailbreaking" or otherwise voiding the warranty by altering the device.

Effective Coverage/Expiration Dates

- ❖ **Effective Date:** Based on the receipt of payment and this completed form. Must be initiated at the beginning of the student school year or during the enrollment period. May not be applied retroactively.
- ❖ **Expiration Date:** Last day of applicable school year. ❖ **Reporting:** Student must report issues to the designated staff member in a timely manner.

LAST NAME of student (please print) FIRST NAME (please print)

Student ID # School Grade Level Please check one:

I choose to participate in the CVUSD Protection Plan for \$40 which covers my device as described above. I have included payment in cash or check (payable to CVUSD).

Parent/Guardian Signature Date

StudentSignature Date

FOR INTERNAL USE ONLY

Date Recorded by Check # Cash

CVUSD1632-221107-English