



# Northridge High School

Principal ..... Andrew Wood  
Asst. Principal ..... Steve Troyer  
Asst. Principal ..... Kristin Wells  
Guidance Director ..... Linda Grant  
Athletic Director ..... Dave Harms

## Optional Product Protection Plan 2017-2018

A product protection plan is available for all student devices that are part of Middlebury Community School’s 1:1 program. The product protection plan will:

Cover the device for the instructional school year; from receipt of payment until the device is turned in at end of school year, or when the student withdraws from the district, whichever comes first. Payment should be made within two weeks of receiving the laptop.

The cost of the plan will be \$35 for the instructional year and will limit the liability of the parent/guardian to \$25 for the first claim, \$50 for the second claim, and \$75 for the 3<sup>rd</sup> claim.

Damages. There is no coverage for lost or intentionally damaged devices and the parent/guardian will be responsible for the lesser of the full cost of the replacement (\$594) or the actual repair costs of the device. The protection plan does cover loaner devices, however, if a loaner machine is damaged it will require a second deductible.

Any damage to the insured device must be reported to school authorities immediately. At that time school authorities will determine if damage is accidental or due to intentional or malicious behavior.

Damage to any machine will be fixed by an HP certified technician, parents/guardians will be notified of the damage, and an invoice will be sent for the cost of the repair or for the deductible amount.

### Please initial one of the two choices below:

\_\_\_\_\_ I choose to participate in the optional product protection plan and I am paying the \$35 fee by check or cash at this time (payable to Middlebury Community Schools)

\_\_\_\_\_ I choose to decline participation in the optional product protection plan and I understand that I will be fully financially liable for any damages that may occur to the HP laptop that has been assigned to my child.

Printed Student Name: \_\_\_\_\_

Student Grade: 9 10 11 12                      Student ID#: \_\_\_\_\_

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Payment must be made within 2 weeks of receiving this form.