**High School 1:1 eStudent “Student Repair” Program**

**Enrollment Form**

STUDENT’S LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGH SCHOOL: Southfield A&T GRADE: 10

Payments must be made in CASH OR by MONEY ORDER

PAYMENT RECEIVED BY: \_Mrs. JL Colfer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COST: $25 per school year. It is non-refundable and does not transfer to the next school year if the insurance is not used.

**COVERAGE PERIOD:** From date paid through the end of the covered school year (June 30)

**COVERAGE:** This eStudent repair program will cover the replacement of up to two items during the coverage period. The two items covered under this program are the LCD screens and keyboard repairs.

**COVERAGE DOES NOT COVER devices that are lost, stolen, or needing to be totally replaced. Willful and deliberate damages to the device are not covered by this program.**

**REPLACEMENT COSTS FOR CHROMBOOK ITEMS NOT COVERED BY INSURANCE**

FOR TECHNOLOGY SERVICES PURPOSES

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF CLAIM | ITEM REPLACED | DATE REPLACED | NOTES OR COMMENTS |
|  |  |  |  |
|  |  |  |  |

3 copies;

Original to HS MAIN OFFICE  
Copy to Parent/Student as receipt and coverage

Copy to Person collecting the payments for preparation of deposit