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Morenci Unified School District Self-Insurance Form 2014-2015

Acceptance

I agree to purchase a MUSD Self-Insurance Laptop Policy for my child. The insurance premium is paid yearly per machine. I understand that I am purchasing only one (1) year's premium at this time. The insurance provides coverage for repairs from use or accidents.

___ \$25 (first Chromebook)

___ \$50 (second Chromebook, if first is lost, stolen, or determined not repairable)

(If the same situation arises for a **third time**, it will be determined by the administration if the student will receive another Chromebook.)

I also agree to require my child to use the padded laptop bag protection and failure to do so may result in the Insurance Policy being null and void. If this happens, I agree to be billed for the full repair, including parts and labor.

Student's Name _____

Parent's Name _____

Parent signature agreeing to purchase MUSD' Self-Insurance Policy

Date _____

Decline

I decline to purchase MUSD Self-Insurance Laptop Policy for my student. I understand that I am responsible for all replacement, breakage, damage, and theft costs required to restore the laptop to its original condition, as determined by MUSD. I also understand that I am responsible for laptop chargers that are damaged or broken and will replace a damaged charger with an original charger purchased through the MUSD Technology Office. I also agree to require my student to use a padded laptop bag at all times.

Student's Name _____

Parent's Name _____

Parent signature declining MUSD' Self-Insurance Policy

Date _____

Tag# _____	Receipt# _____
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