Redbank Valley School District
920 Broad Street
New Bethlehem, PA 16242

Redbank Valley Chromebook Deployment

Redbank Valley School District students and parents/guardians fully acknowledge that use of district technology on and off the premises of Redbank Valley School District is subject to all guidelines, rules and regulations governing acceptable use as established by the Redbank Valley School District's Board of Education Policy 237.

By accepting a district owned device, parents/guardians are accepting full responsibility for the replacement or repair cost of the device of up to $300 per claim. Replacements and/or repairs will be exclusively executed by Redbank Valley School District. Devices are assigned to the individual student. It is the student's responsibility to maintain control and possession of the device at all times. ANY damaged, lost or stolen devices must be reported immediately to the Building Administration.

The district will offer an optional yearly insurance agreement for student-issued Chromebooks for $25 with the following coverage:

- **Deductible for Claim #1: $0**
- **Deductible for Claim #2: $25 (or actual cost, whichever is less)**
- **Deductible for Claim #3: $50 (or actual cost, whichever is less)**
- **Deductible for Lost/Stolen Power Charger: $35**
- **Deductible for Lost/Stolen Chromebook: $100**

Additional charges for damages in excess of the above coverage will remain the responsibility of the parent/guardian.

Payment is due with a signed usage agreement. Students wishing to purchase after agreement has been returned must submit their Chromebook for inspection before policy takes effect.

If at any point Redbank Valley School District feels that the terms of this agreement have been violated, loss of privileges to use the device and other disciplinary actions may be taken.

By signing this form, I understand and agree to all terms outlined above concerning my use of district technology facilities at Redbank Valley School District.

_____	_____	_____
Print Student Name	Sign Student Name	Date
_____	_____	_____
Print Parent Name	Sign Parent Name	Date

Insurance Coverage: ⬜ Yes

Payment must accompany a signed agreement for insurance to take effect.

Paid by Check # _____ or by Cash

An email will be sent to the email address you provided to the school district confirming receipt of payment. If you do not receive an email confirmation, please contact the school office at 814-275-2424.

⬜ No

You may elect to start coverage later in the school year, pending Chromebook inspection.