

Aitkin Public Schools
MacBook Air/iPad Insurance Policy
2022-23

Fill out one (1) PER FAMILY/PER SCHOOL

PLEASE CIRCLE SCHOOL (circle only one): **Aitkin High School** **Rippleside Elementary**

The cost of the MacBook Air/iPad Insurance Policy is \$50 (MacBook)/\$20 (iPad) per student.
Discounted insurance is available for families eligible for educational benefits (free/reduced meals).
Discounted rates: MacBook - \$25 per student, iPad-\$10 per student.

SECTION I – Check either box A or B and initial on the line to indicate you have read the statements.

A **I WISH TO PURCHASE INSURANCE FOR MY STUDENT(S) MACBOOK/IPAD**
(Please initial here _____ indicating you have read and understand the statements below, fill out Section 2, sign form and return it to the high school with payment)

- I have read the “MacBook Air/iPad Computer Acceptable Use, Guidelines and Procedures” document. I understand that this insurance policy is optional.
- I understand that this insurance policy does not cover damage done by my child to another student’s MacBook Air/iPad.
- I understand that this policy is not refundable. During the year, if my child(ren) are no longer enrolled, I will not receive a full or partial refund of this premium.
- I understand that if the MacBook Air/iPad has to be fully replaced due to damage, loss or theft, this policy will no longer be in force. I can obtain coverage on the replacement machine by purchasing a new policy.
- I understand that revisions to this policy may be made. If revisions are made, I will be notified and given a copy of any revisions.

B **I DO NOT WISH TO PURCHASE INSURANCE FOR MY STUDENT(S) MACBOOK/IPAD.**
(Please initial the statement below, fill out Section 2, sign the form and return it to the Rippleside Office)

_____ I have read the “MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures” document.

SECTION 2

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Student’s Name (Please Print) _____ Grade _____

Parent information and signature required on back.

OVER

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

City, State, and Zip Code _____

Cost Per Child:

	# children	
MacBook	_____	@ \$50.00 = \$ _____
MacBook (reduced)*	_____	@ \$25.00 = \$ _____
iPad	_____	@ \$20.00 = \$ _____
iPad (reduced)*	_____	@ \$10.00 = \$ _____
Total Due		\$ <input type="text"/>

***Application for Educational Benefits must have been turned in and approved or families direct certified before reduced amounts will be accepted. If you have turned in an application and your eligibility status has not been determined, you will need to pay the full amount and a refund will be sent to you if you qualify for free/reduced meals.**

Office Use Only:

Payment Method (circle):

Cash

Check # _____

Digital Fee Assigned

Received by: _____

Date: _____