



Aitkin Public Schools 2024-25 MacBook Air & iPad Insurance Policy

(Fill out 1 form per family, per school)

Parent/Guardian Name (please print) _____

Address (City, State, Zip Code) _____

The cost of the policies are **\$50 for MacBook Air Insurance** and **\$20 for iPad insurance PER STUDENT**.

Discounted insurance rates are available for families who apply for and are eligible for educational benefits (i.e. Free/Reduced Meals)

Discounted rates: **\$25 for MacBook Air Insurance** and **\$10 for iPad insurance PER STUDENT**.

NOTE: if insurance is not paid within 30 days, it will be automatically declined.

If paid later, the device must be inspected by the Tech Department before the policy will be approved.

Section 1 Check either **Box A** or **Box B** and initial on the line to indicate your selection,

A

I AM PURCHASING INSURANCE

Please initial here _____ indicating that you have read and understand the statements below.
Fill out **Section II**, sign form and return it to the office at your child's school **with payment**.

- I have read the "MacBook Air / iPad 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 or iPad.
- I understand that this policy is not refundable. During the school year, if my children 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 computer or device 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 AM NOT PURCHASING INSURANCE

Please initial here _____ indicating that you have read and understand the "MacBook Air & Apple iPad Acceptable Use, Guidelines and Procedures" document.

Fill out **Section II**, sign form and return it to the office at your child's school.

Parent information and signature required on back

Aitkin Public Schools **2024-25**
MacBook Air & iPad Insurance Policy

Section 2 Enter student's information

Student Name (please print) _____	Grade _____
Student Name (please print) _____	Grade _____
Student Name (please print) _____	Grade _____
Student Name (please print) _____	Grade _____
Student Name (please print) _____	Grade _____
Student Name (please print) _____	Grade _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

- An “**Application for Educational Benefits**” must have been turned in and approved, or families direct certified, *before* reduced insurance premiums can be accepted. (NOTE: All students will be receiving free meals this year, but in order to qualify for the reduced insurance, the form must be turned in and the family eligible based on income requirements.)
- **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.**

COST PER CHILD				
		Number of Children		
MacBook Air Insurance	_____	@ \$50.00 =	\$	_____
Reduced MacBook Air Insurance	_____	@ \$25.00 =	\$	_____
iPad Insurance	_____	@ \$20.00 =	\$	_____
Reduced iPad Insurance	_____	@ \$10.00 =	\$	_____
TOTAL DUE			\$	_____

FOR OFFICE USE ONLY	
Payment Method	
<input type="checkbox"/> CASH	
<input type="checkbox"/> CHECK	CHECK NUMBER: _____
<input type="checkbox"/> ONLINE (Infinite Campus Mobile Payments)	
<input type="checkbox"/> FEE ASSIGNED	
Received by: _____	Date: _____