Aitkin Public Schools
MacBook Air Insurance Policy
2020-21
Fill out one (1) form per family (Grades 6-12)

The cost of the MacBook Air Insurance Policy is $25.00 per student.
There is no discount for families eligible for educational benefits (free/reduced meals).

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**
(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 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.

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 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.**
(Please initial the statement below, fill out Section 2, sign the form and return it to the high school)

_____ I have read the "MacBook Air Computer 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 _____

OVER

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____ Date _____

Address _____

City, State, and Zip Code _____

Cost Per Child: #_____ @ $25.00 = Total Due: $_____

Office Only Use:

Payment Method (circle):
Cash
Check #_____

Received by:_____

Date: _____