



Donovan Chromebook Insurance Program (DCIP) Payment Form



Student Name: _____ Grade Level: _____

Chromebook Name: _____ Asset Tag # _____ SN #: _____

I agree to participate in the (DCIP) Donovan School District Chromebook Insurance program. I understand under the DCIP guidelines I will not own my child's Chromebook. I also understand that the Chromebook issued to my student may be changed or exchanged for a different model or manufacturer depending on availability at any time during the school year. I further understand that no refund of money will be made after 10 days of receipt of the first Chromebook Insurance payment. The Chromebook insurance policy allows for students to have no more than three claims in a single school year for accidently damage or breakage to the device. Please see Chromebook Warranty for more details.

Parent Name: _____ (Please Print)

Parent Signature: _____ Date: _____

*****Payment Schedule*****

1 Year Premium \$25.00 _____ Paid Payment Type: _____ Date: _____

Notes: _____

2 Year Premium \$40.00 _____ Paid Payment Type: _____ Date: _____

Notes: _____

4 Year Premium: \$80.00 _____ Paid Payment Type: _____ Date: _____

Notes: _____

For Internal Use Only: All financial, student, device and institution data from this form has been entered into the Donovan School District Chromebook Program and forwarded to the IT Department. If a payment is made in cash, the receipt number must be entered in the notes section of the applicable year.

Completed by: _____

Data Entered by: _____