

Dear Parents/Guardians,

Our School is a proud participant in the Okeechobee County School District's Student Device 1:1 Pilot Program. Please complete the following information:

I have read and agree to adhere to all District Procedures/rules, including: **(Please initial both)**

_____ Student Acceptable Use Procedures (AUP)

_____ Student Technology Device 1:1 Program, Terms and Conditions Document, including all program insurance information

These documents can found on the District website: <http://www.okee.k12.fl.us/instructional-technology-policies-and-forms>

While the devices will be provided at no charge, parents are liable for damaged or lost devices. In an effort to help families, the district is offering each family an opportunity to purchase an insurance policy which covers the total cost of repairing a device within the applicable terms and conditions.

Insurance Option Premiums	Coverage
General Student	\$20

Please initial only one of the options below:

___ **YES, (Recommended)** I elect to participate in the optional OCSB Technology Device Insurance Plan. I understand that this plan does not include the cost of the device if lost or stolen. (device valued up to \$300)

___ **NO,** I do **not** elect to purchase the optional OCSB Technology Device Insurance Plan (device valued up to \$300), and understand I am liable for any damage or replacement costs that may incur.

Student Name _____ **Date** _____

Parent Signature _____ **Phone** _____

For school office use only

Funds received by: _____ *Date:* _____

Amount: _____ *Check #:* _____

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