



Student iPad Damage/Loss Coverage Form 2026 - 2027

COVERAGE AND BENEFIT

This agreement covers the iPad loaned to the student against all damage or loss. Coverage is 24 hours per day. Total value will be determined at the time of loss or damage. In no case shall the value be greater than \$300.00. In the event of damage or loss, this agreement will pay 85% (up to \$255.00) of the amount of damage or loss. You are responsible for 15% (up to \$45.00) of the amount of damage or loss. Lexington Public Schools' Administration reserves the right to revoke a student's iPad for misuse or abuse at any time.

EFFECTIVE and EXPIRATION DATES

This coverage is effective from the date this iPad request and premium payment are received by the school through the date at which the iPad is requested to be returned to the school, in good working order, at the end of the academic school year or when the student leaves the district.

Cost of Coverage

The total cost of coverage is **\$25.00** per school year. Partial semesters are not refundable.

It is agreed and understood that:

- ◆ The Lexington Public Schools will offer coverage to all students. Coverage is totally voluntary.
- ◆ A separate application must be turned in for each student to cover his/her iPad.
- ◆ Chargers and Charger Cords are not covered by this form.

Complete the following information. Return this form and payment to the school office at which your child is enrolled.

This form must be completed and marked YES before the iPad will be allowed to leave school property.

DATE _____ GRADE _____ STUDENT # _____

NAME OF STUDENT _____

ADDRESS _____
(Street, City & Zip)

HOME PHONE _____

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YES

I would like to participate in the Damage/Loss Coverage program. My child and I have read and agree to the terms in the Lexington Public Schools' Acceptable Use Policy.

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NO

I decline service at this time. I understand that my child will not be allowed to take the iPad home and I am responsible for 100% of any damage or loss to the loaned iPad while at school.

Date:

Parent Name Printed:

Parent Signature: