

Culver Assurance Program

Student Name (Please Print)	School		
STUDENT MUST READ AND SIGN BELOW: I have read, understand and agree to abide by the terms of the Assurance Program. I agree it is ultimately my responsibility to make good choices when I use the Chromebook. Should I commit any violation or in any way misuse or abuse my Chromebook, I understand the extra protection afforded under the terms of the Assurance Program may be revoked and disciplinary action may be taken against me.			
		Student Signature	 Date
Parent or Guardian Assurance Program Agreement (to be read and signed by parents or guardians) As the parent or legal guardian of this student, I have read, understand and agree that my child shall comply with the terms of the Assurance Program. In the case of a lost, stolen, or damaged Chromebook, I accept responsibility for the replacement cost as outlined in the Assurance Program. PAYMENT SECTION: Payment must be made prior to your student receiving their Chromebook. Checks should be made to Culver School District #4 and submitted to your school's office. Standard Annual Premium of \$25.00			
		I have read and understand the rules and the f for Chromebooks. I agree to all terms and con for the current school year.	inancial responsibilities of the Culver Assurance Program ditions of the program and voluntarily enroll my student
		Parent/Guardian Name (Please print clearly)	
		Parent/Guardian Signature Please return this complet	Date ted form to your child's school office.