

APPENDIX A: PERSONAL MOBILE COMPUTING DEVICE AGREEMENT

Personal Mobile Computing Device Optional Protection Plan School Year 2013-2014

Lexington County School District One recognizes that with the implementation of the Personal Mobile Computing Device Initiative, the priority is to protect the investment by both the District and the Student/Parent/Guardian.

The following information outlines the various areas of protection: warranty, accidental damage protection and optional protection plan.

Terms of the Personal Mobile Computing Device Optional Protection Plan

An optional non-refundable protection plan is available for Personal Mobile Computing devices.

Students and parents must make the decision to opt for or not opt for this optional protection plan prior to taking possession of the device.

The Optional Protection Plan costs \$50 per school year for each Personal Mobile Computing device. The plan includes one Personal Mobile Computing device replacement per school year in the event of theft, loss or accidental damage; one screen replacement due to accidental damage; and any parts and repairs for system-related issues or issues occurring through normal use. Any additional replacement or repair will cost the student/parent/guardian the cost of repair or the Full Market Value of a Personal Mobile Computing device (approximately \$450).

User Misuse Not Covered by Optional Protection Plan

Students will be responsible for the entire cost of replacement or repair for Personal Mobile Computing devices damaged through active misuse, abuse or intentional damage.

Personal Mobile Computing Device Optional Protection Plan School Year 2013-2014

- Yes, I would like to purchase the Optional Protection Plan for the Personal Mobile Computing device.
- No, I choose not to purchase the Optional Protection Plan and accept all financial responsibility for the Personal Mobile Computing device assigned to my student.

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian or Student (if 18 years of age or older) Signature: _____

Date: _____

Office Use Only: Amount Paid: _____ Balance: _____

Cash: _____ Check: _____ Credit Card: _____

Accepted by: _____ Date: _____