repair or replacement of the student-issued Chromebook caused by negligence, malicious action, theft or lost by selecting one of the following options: Accepting full financial liability for any and all repair or replacement costs during the 2025-26 school year. (Chromebook total replacement cost - \$400) Paying the non-refundable \$20.00 fee to participate in a cooperative loss fund that will cover 100% of damage costs, up to full replacement, of the students' initially loaned Chromebook for 2025-26. I acknowledge that once the \$20 fee is a one time use and that once it is used. I must pay for new insurance coverage on the next device should I choose to have coverage on that device. **The cost for additional insurance coverage are as follows: \$40 for second device. \$100 for third device. \$200 for forth device. Parent Name (Please Print): Parent Signature: ______Date _____ Student Name (Please Print): Student Signature: ______Date____ School Official Signature: Date This form must be signed by the student, a parent, and a school official prior to checking out a laptop for the 2025-26 school year. BRING TO SCHOOL SIGNED THE FIRST DAY OF IN ORDER TO GET YOUR LAPTOP. Fort Calhoun Community Schools Computer Damage/Loss Liability Form I/WE agree to pay Fort Calhoun Community Schools for any and all costs not covered by an existing warranty for repair or replacement of the student-issued Chromebook caused by negligence, malicious action, theft or lost by selecting one of the following options: Accepting full financial liability for any and all repair or replacement costs during the 2025-26 school year. (Chromebook total replacement cost - \$400) Paying the non-refundable \$20.00 fee to participate in a cooperative loss fund that will cover 100% of damage costs, up to full replacement, of the students' initially loaned Chromebook for 2025-26. I acknowledge that once the \$20 fee is a one time use and that once it is used. I must pay for new insurance coverage on the next device should I choose to have coverage on that device. **The cost for additional insurance coverage are as follows: \$40 for second device. \$100 for third device. \$200 for forth device. Parent Name (Please Print): Parent Signature: ______Date _____ Student Name (Please Print): Student Signature: ______Date_____

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