



Mother Of Providence Regional School  
607 South Providence Road  
Wallingford, PA 190865

## *iPad Insurance Guidelines*

\_\_\_\_\_ (*please initial*) I agree to Mother of Providence Regional Catholic School's damage, repair, & replacement plan for coverage or damage of my student's school owned iPad as outlined below.

\_\_\_\_\_ (*please initial*) Mother of Providence Regional School does not cover any loss or theft of iPad. In the event the iPad is lost or stolen while in the student's care, they will be responsible for full replacement cost, including the case.

The \$35 insurance fee covers most repairs, although there are additional costs, outlined below.

The school will provide a loaner iPad to any student who purchases insurance while their iPad is being repaired.

Those students who do not purchase insurance or have an iPad lost or stolen will not have access to a loaner iPad.

## *Damage Deductible*

Students and parents will be responsible for a deductible for each damage incident.

1<sup>st</sup> Incident - \$35.00    2<sup>nd</sup> Incident - \$70.00    3<sup>rd</sup> Incident - \$140.00

\_\_\_\_\_ (*please initial*) Intentional Damage: Students / Parents are responsible for full payment of intentional damages to the iPad. Apple Warranty and MPRCS insurance protection does not cover intentional damage of the iPad.

\_\_\_\_\_ (*please initial*) "Jailbreaking" the device results in the loss of the Apple warranty and is a violation of the terms of use. Students / parents will then be responsible for any and all fees and / or replacement of the iPad.

\_\_\_\_\_ (*please initial*) Insurance Limits – There is a maximum of three occurrences total per student covered by insurance. Insurance will not be available for subsequent occurrences, and the family will be required to pay for their own replacement device.

\_\_\_\_\_ (*please initial*) I agree to return the school-owned iPad to MPRCS at the conclusion of the student's educational relationship with MPRCS, as requested, or at the end of the school year.

\_\_\_\_\_ (please initial) The individual replacement costs of items are outlined below:

iPad - \$400.00      Charger - \$35.00      Sync Cable - \$25.00      Case - \$60.00

\_\_\_\_\_ (please initial) I agree to the above terms of the Mother of Providence Regional School iPad Insurance Program.

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### *Decline of Insurance*

\_\_\_\_\_ (please initial) I do not wish my child to participate in the MPRCS iPad insurance program. I will take full financial responsibility for repairs. Repairs for damages will be billed to me at actual cost, and I will be responsible for full replacement costs of the iPad.

\_\_\_\_\_ (please initial) The individual replacement or repair costs of items are outlined below:

iPad - \$400.00      Charger - \$35.00      Sync Cable - \$25.00      Case - \$60.00

Cracked or Broken Screen - \$125.00

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date