



Saints Francis & Clare
Catholic School

SSFC Protection Plan for 1:1 Devices

SS Francis & Clare of Assisi (SSFC) is offering a device protection plan option for families. **A one-time payment of \$45 (per device) will cover one (1) full replacement of the device and one (1) full replacement of the case for the device due to damage that may occur during the 2023-2024 school year.** Replacements of any or all of these items due to manufacturer defect will not count against this plan. Please note that this does not cover non-returned equipment whether due to loss, theft, or any such reason. **The damaged equipment must be returned to SSFC to be covered by this plan. Full non-plan replacement cost is \$250 per device.**

By opting in to this program, your child is agreeing to keep the device in the supplied case at all times. **This coverage does not start until the payment is received in the office.** Any money collected that is not used during the 2023-2024 school year will be rolled into the 2024-2025 school year for technology purchases.

_____ I am choosing to opt in to the SSFC device protection plan for the cost of \$45 per device for the 2023-2024 school year. I understand the coverage of this plan as outlined in the paragraphs above, including that this only covers one (1) replacement of the device and one (1) replacement of the case. I understand that this plan does not start until the payment is received by SSFC. I will be responsible for any damage that occurs if the supplied case is not used. I also understand that this plan does not cover non-returned equipment for any reason.

_____ The device is covered under a current insurance policy that I have and a copy of my policy will be supplied to the school office.

_____ I am choosing not to have any coverage. I understand that I am responsible for the totality of the cost of damages (\$250 per device) which may occur to the device assigned to my child(ren).

Student(s) First Name: _____

Student(s) Last Name: _____

Number of children with assigned device: _____

Total Amount for Protection Plan: (\$45 x number of children with device) _____

Parent/Guardian Signature: _____

****SEPARATE CHECK MADE OUT TO SSFC FOR EACH PAYMENT****

Office Use Only

Date Payment Rec: _____

Rec By: _____