MT. VERNON
COMMUNITY SCHOOL CORPORATION

DEVICE PROTECTION PLAN (DPP)
Coverage Effective from the date of payment to the start of the 2021-22 school year (July 29, 2021)

Premium: Enrollment in the plan will minimize the potential repair and/or replacement costs associated with the device.

Repair & Replacement Cost: ALL REPAIRS are covered for one year, not including battery. If cost exceed value of device, cost of a replacement device will be charged. **This year a deductible will not be charged for each repair.**

Part Replacement	Without DPP (Labor Cost Included)
MainBoard	$160.00
Touch Screen Display	$135.00
Keyboard Replacement	$110.00
Bottom Assembly	$80.00
Daughterboard	$70.00
Top Display Cover	$60.00
Bezel	$50.00

* Battery replacement is not covered and cost to replace is $85.00 ***** The full cost of a new replacement is $290.00**
** AC Adapter not covered by plan; replacement adapter $40.00. **** Repair costs can change throughout the year.

LOST/STOLEN DEVICE: If a device is lost the parent/guardian will be responsible for the full replacement price. The device protection plan does ***NOT*** cover the cost for a lost device.If a device is stolen you must turn in a police report in order to file a device protection claim. If you do not have a police report the device will be considered lost and full replacement cost of the device will be charged.

PAYMENT: Payment for the accident protection plan is due at the time this form is returned to the school. **If this form is returned without payment your accident protection plan will not be active until payment is received. ENROLLMENT PERIOD ENDS AUGUST 31, 2021.**

(PLEASE PRINT)

Student Name:_____ **School:** _____ **Grade:**_____

** Check only ONE of the following two options and sign below:

☐
Device	Grades	**Premium Cost**
Dell Chromebook	K to 12	**$40.00**

☐ I do not wish to elect coverage on my child's device. I understand that any cost associated with the repair or replacement of my child's device will be my sole responsibility.

_____ _____

Parent Signature   **Date**

*This form must be completed and returned whether or not you are electing to participate in the device protection plan.