

MONTOURSVILLE AREA SCHOOL DISTRICT

50 North Arch Street, Montoursville, Pennsylvania 17754-1900

CHRISTINA BASON
District Superintendent
570-368-2491

BRANDY N. SMITH
Business Manager/Board Secretary
570-368-3500

Annual Device Insurance Enrollment

The Montoursville Area School District Student Device Insurance Program is being offered as a low-cost solution against accidental damage, loss, or theft. of your child's district provided device. This insurance covers the device whether in school or at home.

DISCLAIMER: Lost or damaged AC adapters are not covered by this insurance, and if you choose not to participate in the insurance program you will be responsible for the entire replacement/repair cost of the device.

If you opt **into** the insurance program, also complete the Device Insurance Cost Sheet. If you opt **OUT** of this insurance, please complete only this form and return to your school's office.

IMPORTANT: Only complete ONE enrollment form PER HOUSEHOLD.

Opt In Opt Out

Parent/Guardian/Head of Household: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Students at this address:

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

Student: _____ Grade: _____ Homeroom Teacher: _____

By signing this form, you have read and agreed to School Board Policy.

Parent/Guardian/Head of Household Signature: _____

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Annual Device Insurance Cost Sheet

If you opt into the insurance program, complete this form and **submit payment online via our SchoolCafe system**. If you are not able to submit payment online, you may also submit a check or money order made payable to Montoursville Area School District to your school's office. **Please do not provide a cash payment.**

If you opt out, you do not need to complete this cost sheet.

Parent/Guardian/Head of Household: _____

Phone Number: _____

Fee Schedule: (count only students you listed on the Insurance Enrollment Form)

Regular Cost = \$20.00/ 1st Student; \$15.00/ 2nd Student; \$10.00/ each additional student

You must also check this box in order to receive one of the discounted rates below:

Yes! I DO give permission to school officials to share my child's Free or Reduced Eligibility Status with the Device Insurance Policy Program to receive discounted rates.

Reduced Lunch Costs* = \$10.00/ Student

Free Lunch Costs* = \$5.00/ Student

		<u>Regular</u>	<u>Reduced</u>	<u>Free</u>	<u>Total</u>
1 st Student =	1 x	__\$20	__\$10	__\$5	\$_____
2 nd Student =	1 x	__\$15	__\$10	__\$5	\$_____
Additional Students =	__ x	__\$10	__\$10	__\$5	\$_____
Total Insurance Cost =					\$_____

**Based on confirmed free or reduced lunch status for the 2022-2023 school year.*

Payment Submitted online via SchoolCafe
(More info about SchoolCafe located on district website under Parents tab)

If you have not received notice of your 2022-2023 eligibility or feel that you may qualify for free/reduced benefits, go to the website: www.schoolcafe.com to apply.