HARRINGTON SCHOOL DISTRICT
ENROLLMENT FORM

STUDENT'S LEGAL NAME: _____ M / F **NAME STUDENT GOES BY**: _____
Last First Middle

Birth date: _____ Birthplace: _____ T-Shirt Size_____

Date enrolled _____ Withdrawal date from *previous school_____ Grade Level _____

Is this student **CHOICED** into our district? No _____ Yes _____ (Please contact the District Office for additional paperwork)

***PREVIOUS SCHOOL ATTENDED:**

Name of District _____ Name of School Attended _____

Address of School: _____ Phone #: _____ FAX #: _____

Has this student been expelled or placed on long-term suspension within the past 12 months? Yes _____ No _____

Has this student received Special Services (Special Education, have a 504 plan)? Yes _____ No _____

Health problems school should be aware of? Yes _____ No _____

LEGAL INFORMATION (if applicable)

Is there a joint-custody or parenting plan in effect? ____Yes ____No If yes, plan must be on file with the school for enforcement.

Is there a restraining order in effect? ____Yes ____No If yes, legal papers must be on file with the school for enforcement.

Restraining order is against: Name: _____Relationship _____

PHOTOGRAPHY PERMISSION

I give permission for my child to be photographed for use on the school's web page & other publications. Yes _____ No _____

PRIMARY CONTACT –

This individual **WILL** receive **ALL** automatic messages from the School, and will be the initial contact if a parent or guardian needs to be contacted by a school official.

Name	Relationship to student	Phone # (only one)	E-mail

PARENT/GUARDIAN CONTACTS – Household One

Physical address: _____City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? ____Yes ____No ____No Response

If yes, what branch? _____ ____Active Duty ____Retired ____Reserves ____National Guard

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

PARENT/GUARDIAN CONTACTS – Household Two

Physical address: _____ City: _____ Zip: _____

Mailing address: _____ City: _____ Zip: _____

Employed by the Armed Forces? ____Yes ____No ____No Response

If yes, what branch? _____ ____Active Duty ____Retired ____Reserves ____National Guard

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

Name: _____ Relationship to student: _____

Home Phone #: _____ Receive Automatic Messages? Yes___ No___

Work Phone #: _____ Receive Automatic Messages? Yes___ No___

Cell Phone #: _____ Receive Automatic Messages? Yes___ No___

E-mail: _____ Receive Automatic Messages? Yes___ No___

MEDICAL RELEASE:

In the event that a parent/guardian cannot be reached by telephone, I give my permission for school authorities to seek medical attention for my child at the nearest available medical facility. Yes _____ No _____

EMERGENCY CONTACTS

These contacts **WILL NOT** receive **ANY** automatic messages from the school, and will only be contacted in the event all parents/guardians could not be contacted. **Please list in calling order.**

Name	Relationship to student	Phone # (only one)	E-mail

BROTHERS AND SISTERS (living at home):

Name:	Birthdate:	Grade in School:

RESIDENCY VERIFICATION: ALL information provided on this form is true and accurate as of this date. I understand that falsification of an address or the use of any fraudulent means to achieve an enrollment or assignment shall be cause for revocation of the student's enrollment and assignment to the school serving the home attendance area.

Legal Guardian/Parent Signature: _____

Print Name: _____ **Date:** _____

REQUEST FOR TRANSFER OF RECORDS
AND
AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION

Please send all student records including immunization records and special program records (special education, etc.) for the following student(s):

Student Name	Date of Birth	Special Program	Grade
1.			
2.			
3.			
4.			
5.			
6.			
7.			

From:

School District	
Address	
Phone FAX	

RETURN TO: HARRINGTON SCHOOL DISTRICT #204
P.O. BOX 204
HARRINGTON, WA 99134
(509) 219-8013 (FAX)
(509) 253-4331 (OFFICE)

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will not be transmitted to a third party without my consent.

Parent Signature:		Date:
School Official Signature:	Title	Date

Phone:509) 253-4331
Fax: (509) 219-8031

Harrington School District

HEALTH REGISTRATION INFORMATION

Student Name: _____ Date of Birth: _____ Grade Level: _____ School Year:_____

Student Health History

Does the student have…	No	Yes	Does the student have…	No	Yes
A vision concern?			Bowel concerns?		
Prescription glasses?			Kidney/bladder concerns?		
Contacts?			A dental concern?		
A hearing concern?			Mental health concerns?		
ADD/ADHD?			Diabetes?		
Allergies?			An orthopedic concern?		
A life-threatening allergy?			A previous serious injury?		
An Epi-pen?			Epilepsy/seizures?		
Asthma?			A heart concern?		
An inhaler at school / athletics?			Any other concerns?		

*For all of the above answered **YES**, please use this space for further description and/or instructions:*

_____
_____
_____
_____
_____
_____

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____

Health Insurance Provider: _____

Group Policy Number: _____

Medications

1. Does the student take medication of any kind?

☐ **NO** ☐ **YES**

If **YES**, please list: _____

_____

2. Will the student need to take medication at school?

☐ **NO** ☐ **YES***

Students requiring medication (prescription or over the counter) at school **MUST have a written order from their licensed healthcare provider and written parental consent. Please contact the office for the forms.*

3. Does the student take any medication that if missed for three days would pose a serious health risk for him/herself or others?

☐ **NO** ☐ **YES***

If **YES, a three-day supply of this medication and required forms must be completed to be kept at school in the event of a disaster.*

Parent/Guardian and Emergency Contact Information

INCOMPLETE FORMS WILL BE RETURNED

Parent/Guardian Name(s): _____ Primary Phone: _____

Address: _____ City, State, Zip: _____

Mailing Address (if different): _____

Email address(es): _____

#1 Parent/Guardian Contact: _____ Phone 1: _____ Phone 2: _____

#2 Parent/Guardian Contact: _____ Phone 1: _____ Phone 2: _____

#3 Emergency Contact: _____ Relationship: _____

Emergency Phone 1: _____ Phone 2: _____

#3 Emergency Contact: _____ Relationship: _____

Emergency Phone 1: _____ Phone 2: _____

Release

In the event of a medical emergency for my student, I understand that the Harrington School District will make every attempt to contact me. If the emergency is life-threatening or I cannot be contacted, I authorize the principal or his/her designee, into whose care my student has been entrusted, to initiate paramedic/ambulance care or transport for said minor and to consent to any X-ray, examination, anesthetic, medical or surgical diagnosis, treatment and/or hospital care to be rendered to said minor upon the advice of any licensed physician or dentist. I understand that this authorization is given in advance of any required diagnosis, treatment or hospital care. This authorization shall remain effective for the full school year unless revoked in writing by me and delivered to the Harrington School District. I understand that Harrington School District, its employees and its Board assume no liability of any nature in relation to the transportation or treatment of said minor. I also understand that all costs of transportation, hospitalization, examination, X-ray and emergency treatment provided in relation to this authorization shall be my responsibility.

To my knowledge the above information is correct and complete and I understand I need to notify school officials immediately for any changes to any/all information. To safeguard my student's health the school nurse may share this information with those who may be required to care for him/her at school. I give permission to my child's school to add immunization information into the Immunization Information System to help maintain my child's lifetime immunization record.

Parent/Guardian Signature: _____ Date: _____

Name of Student: _____

RACE - ETHNICITY DATA COLLECTION 2026-2027

Recently, the federal government expanded the categories for student ethnicity and race data. Because of these changes, we need to ask you to identify your child as Hispanic/Latino or not Hispanic/Latino and by one or more racial groups.

Washington state now has 222 racial categories to choose from. If one parent identifies with one race and the other parent with another, you will be able to check both races for your child.

Question 1: Is your child of Hispanic or Latino origin? (Please check ALL that apply)

ETHNICITY

- ☐ Not Hispanic/Latino
- ☐ Hispanic
- ☐ Argentine
- ☐ Bolivian
- ☐ Brazilian
- ☐ Chicano (Mexican American)
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Guyanese
- ☐ Honduran
- ☐ Jamaican
- ☐ Mexican
- ☐ Mestizo
- ☐ Native
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Paraguayan
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard
- ☐ Surinamese
- ☐ Uruguayan
- ☐ Venezuelan

Hispanic/Latino (Write In) ☐

Question 2: What race(s) do you consider your child? (Please check ALL that apply)

White/Black/African American

RACE

- ☐ White
- ☐ Black/African-American
- ☐ African-American
- ☐ African-Canadian

Washington State Tribes/Alaskan Native

RACE

- ☐ American Indian/Alaskan Native
- ☐ Chinook Tribe
- ☐ Confederated Tribes and Bands of the Yakama Nation
- ☐ Confederated Tribes of the Chehalis Reservation
- ☐ Confederated Tribes of the Colville Reservation
- ☐ Cowlitz Indian Tribe
- ☐ Duwamish Tribe
- ☐ Hoh Indian Tribe
- ☐ Jamestown S'Klallam Tribe
- ☐ Kalispel Indian Community of the Kalispel Reservation
- ☐ Kikiallus Indian Nation
- ☐ Lower Elwha Tribal Community
- ☐ Lummi Tribe of the Lummi Reservation
- ☐ Makah Indian Tribe of the Makah Indian Reservation
- ☐ Marietta Band of Nooksack Tribe
- ☐ Muckleshoot Indian Tribe
- ☐ Nisqually Indian Tribe
- ☐ Nooksack Indian Tribe of Washington
- ☐ Port Gamble S'Klallam Tribe
- ☐ Puyallup Tribe of Puyallup Reservation
- ☐ Quileute Tribe of the Quileute Reservation
- ☐ Quinault Indian Nation
- ☐ Samish Indian Nation
- ☐ Sauk-Suiattle Indian Tribe of Washington
- ☐ Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
- ☐ Skokomish Indian Tribe
- ☐ Snohomish Tribe
- ☐ Snoqualmie Indian Tribe
- ☐ Snoqualmoo Tribe
- ☐ Spokane Tribe of the Spokane Reservation
- ☐ Squaxin Island Tribe of the Squaxin Island Reservation
- ☐ Steilacoom Tribe
- ☐ Stillaguamish Tribe of Indians of Washington
- ☐ Suquamish Indian Tribe of the Port Madison Reservation
- ☐ Swinomish Indian Tribal Community
- ☐ Tulalip Tribes of Washington

Alaskan Native (Write In) ☐ **American Indian** (Write In) ☐

Eastern European

RACE

- ☐ Bosnian
- ☐ Herzegovinian
- ☐ Polish
- ☐ Romanian
- ☐ Russian
- ☐ Ukrainian

Eastern European (Write In) ☐

Asian

RACE

- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Bhutanese
- ☐ Burmese/Myanmar
- ☐ Cambodian/Khmer
- ☐ Cham
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Indonesian
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Malaysian
- ☐ Mien
- ☐ Mongolian
- ☐ Nepali
- ☐ Okinawan
- ☐ Pakistani
- ☐ Punjabi
- ☐ Singaporean
- ☐ Sri Lankan
- ☐ Taiwanese
- ☐ Thai
- ☐ Tibetan
- ☐ Vietnamese

Asian (Write In) ☐

Caribbean

RACE

- ☐ Anguillan
- ☐ Antiguan
- ☐ Bahamian
- ☐ Barbadian
- ☐ Barthélemois/Barthélemoises
- ☐ British Virgin Islander
- ☐ Caymanian (Cayman Island)
- ☐ Cuba Dominican
- ☐ Dominican (Dominican Republic)
- ☐ Dutch Antillean (Netherlands Antilles)
- ☐ Grenadian
- ☐ Guadeloupian
- ☐ Haitian
- ☐ Jamaican
- ☐ Martiniquais/Martiniquaise
- ☐ Montserratian
- ☐ Puerto Rican

Caribbean (Write In) ☐

Latin American

RACE

- ☐ Argentine
- ☐ Belizean
- ☐ Bolivian
- ☐ Brazilian
- ☐ Chilean
- ☐ Colombian
- ☐ Costa Rican
- ☐ Ecuadorian
- ☐ El Salvadoran
- ☐ Falkland Islander
- ☐ French Guianese
- ☐ Guatemalan
- ☐ Guyanese
- ☐ Honduran
- ☐ Mexican
- ☐ Nicaraguan
- ☐ Panamanian
- ☐ Paraguayan
- ☐ Peruvian
- ☐ So. Georgia/So. Sandwich Islands
- ☐ Surinamese
- ☐ Uruguayan
- ☐ Venezuelan

Latin American (Write In) ☐

Pacific Islander/Native Hawaiian

RACE

- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Carolinian
- ☐ Chamorro
- ☐ Chuukese
- ☐ Fijian
- ☐ i-Kiribati/Gilbertese
- ☐ Kosraean
- ☐ Maori
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Ni-Vanuatu
- ☐ Palauan
- ☐ Papuan
- ☐ Pohpeian
- ☐ Samoan
- ☐ Solomon Islander
- ☐ Tahitian
- ☐ Tokelauan
- ☐ Tongan
- ☐ Tuvaluan
- ☐ Yapese

Native Hawaiian (Write In) ☐ **Other Pac. Islander** (Write In) ☐

Middle Eastern/North African

RACE

- ☐ Algerian
- ☐ Amazigh or Berber
- ☐ Arab or Arabic
- ☐ Assyrian
- ☐ Bahraini
- ☐ Bedouin
- ☐ Chaldean
- ☐ Copt
- ☐ Druze
- ☐ Egyptian
- ☐ Emirati
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Jordanian
- ☐ Kurdish Kuwaiti
- ☐ Lebanese
- ☐ Libyan
- ☐ Moroccan
- ☐ Omani
- ☐ Palestinian
- ☐ Qatari
- ☐ Saudi Arabian
- ☐ Syrian
- ☐ Tunisian
- ☐ Yemeni

Middle Eastern (Write In) ☐ **North African** (Write In) ☐

East African

RACE

- ☐ Burundian
- ☐ Comoran
- ☐ Djiboutian
- ☐ Eritrean
- ☐ Ethiopian
- ☐ Kenyan
- ☐ Malagasy (Madagascar)
- ☐ Malawian
- ☐ Mauritian (Mauritius)
- ☐ Mahoran (Mayotte)
- ☐ Mozambican
- ☐ Reunionese
- ☐ Rwandan
- ☐ Seychellois Seychelloise
- ☐ Somali
- ☐ South Sudanese
- ☐ Sudanese
- ☐ Ugandan
- ☐ Tanzanian (United RC of Tanzania)
- ☐ Zambian
- ☐ Zimbabwean

East African (Write In) ☐

West African

RACE

- ☐ Beninese
- ☐ Bissau-Guinean
- ☐ Burkinabé (Burkina Faso)
- ☐ Cabo Verdean
- ☐ Ivorian (Cote d'Ivoire)
- ☐ Gambian
- ☐ Ghanaian
- ☐ Liberian
- ☐ Malian
- ☐ Mauritanian
- ☐ Nigerien (Niger)
- ☐ Nigerian (Nigeria)
- ☐ Saint Helenian
- ☐ Senegalese
- ☐ Sierra Leonean
- ☐ Togolese

West African (Write In) ☐

Central African

RACE

- ☐ Angolan
- ☐ Cameroonian
- ☐ Central African (Cen. African RC)
- ☐ Chadian
- ☐ Congolese (RC of the Congo)
- ☐ Congolese (Dem. RC of the Congo)
- ☐ Equatorial Guinean
- ☐ Gabonese
- ☐ São Toméan
- ☐ Principe

Central African (Write In) ☐

South African

RACE

- ☐ Botswanan
- ☐ Mosotho (Lesotho)
- ☐ Namibian
- ☐ South African
- ☐ Swazi

South African (Write In) ☐

ADDITIONAL ADMISSION INFORMATION

Students Name: _____

LEGAL:

1. Do you have legal guardianship of this child? (circle the appropriate answer)
   - no
   - yes
2. Are there any court orders or legal issues we should be aware of concerning this child?
   - no
   - yes _____
3. Is your child a convicted sex offender:
   - no
   - yes Risk Level: _____

BEHAVIOR:

4. Has your child been involved in any weapons violations?
   - No
   - Yes _____
5. Has your child been expelled or suspended from school?
   - No
   - Yes _____
6. Has your child been sent to the office for minor behavior disruptions?
   - No
   - Yes _____
7. Has your child been accused of Harassment/Intimidation/Bullying? Has your child been the victim of Harassment/Intimidation/Bullying?
   - No
   - Yes _____
8. Does your child have a record of good and consistent attendance?
   - No
   - Yes _____
9. Has your child had an athletic rule violation?
   - No
   - Yes _____

ACADEMIC:

10. Do you have a copy of an unofficial transcript?
    - No
    - Yes If so, please provide a copy when registering your student.
11. Do you have a copy of the most recent SBA (Smarter Balanced Assessment)
    - No
    - Yes If so, please provide a copy when registering your student.

SPECIAL SERVICES/504 PLAN:

12. Has your child been referred to special education or assessed for special education?
    - No
    - Yes
13. Has your child been enrolled in Special Education Services or have a 504 Plan?
    - No
    - Yes
14. Do you have a copy of your child's IEP/504 Plan?
    - No
    - Yes _____

HEALTH:

15. Is your child on any medications that will need to be administered at school?
    - No
    - Yes _____
16. Does your child have any health conditions that may affect their educational program?
    - No
    - Yes _____

_____ _____

Parent Signature Date



Harrington School District

In the event of an emergency causing an early release school closure during the regular school day, we want to make sure we have all contact/emergency contact information and plans for where your child(ren) would go on file. In such an event, our automated phone system would be activated with specific information on the emergency and what procedures/time frame the school district will be following.

Thank you.

Parent/Guardian Name_____

Contact & Number(s) to be called?

_____ Does your child ride a bus? yes____no____

_____ Bus number/driver _____

_____ _____

_____

Student(s) Name:

_____ _____

_____ _____

_____ _____

_____ _____

Please indicate where your child(ren) would go if it was determined that the school needed to send buses or close early that day.

_____

_____

_____

Student Housing Questionnaire

For distribution to all families/students annually

School Name_____

Student Name_____ ☐ Male
First Middle Last ☐ Female

Birth Date ____ /____ /____ Age_____
Mo Day Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement? ☐ Yes ☐ No
2. Is your living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No
3. Is your current residence inadequate for meeting physical and psychological needs? ☐ Yes ☐ No

If you answered YES to <u>any</u> of the questions, please complete the remainder of this form.
If you answered NO to <u>all</u> of the questions, you may stop here.

Where does the student stay at night? (*Please check one box.*)

☐ In a motel/hotel

☐ In a shelter

☐ With more than one family in a house, mobile home, or apartment (doubled-up)

☐ In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address_____ Phone_____
Street City Zip

Parent/Legal Guardian Name_____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian Signature_____ **Date**_____
OR
Unaccompanied Youth Signature_____ **Date**_____

For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records.

Following records are still missing:

☐ Birth certificate ☐ Immunizations ☐ Medical records ☐ Prior academic records

School Personnel Signature_____ **Date**_____

I hereby certify that the above-named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature_____ **Date**_____

HARRINGTON SCHOOL DISTRICT

Internet, Google Apps for Education, and E-Mail Acceptable Use Policy

Student Expectations for Acceptable Use:

The following are the Educational Objectives of Google Apps for Education:

- Group project sharing for classroom assignments
- Digital assignment turn-in of class assignments
- Online disk storage for school work-related assignments

District educators make every reasonable effort to monitor student conduct related to class content in order to maintain a positive learning community. All Internet, Google Apps, and E-Mail participants will respect the teachers' time and professionalism by supporting the same positive approach.

All Internet, Google Apps, and E-Mail participants will be respectful in their postings and comments. Inappropriate language, personal insults, profanity, spam, racist, sexist or discriminatory remarks, or threatening comments will not be tolerated.

No student, or other participant, may include any information on the site that could compromise the safety of him/herself or other class members. Participants should avoid specific comments about school location or schedules.

All Internet, Google Apps, and E-Mail users must protect their log-in and password information and class passwords (if any). If participants suspect that a password has been compromised, they must notify the teacher immediately. No Internet, Google Apps, and E-Mail participant may share his/her log-in information or protect information about the site with anyone who is not an authorized participant.

Student use must follow all other expectations as listed in the ***Harrington School Handbook(s)***. *Failure of students to follow these guidelines may result in disciplinary action and/or termination of this service*.

Parent/Guardian Expectations & Consent:

Google Apps for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using Internet, Google Apps, and E-Mail for lessons, assignments, and communication. Google Apps for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of Internet, Google Apps, and E-Mail when students are at school. Parents are responsible for monitoring their child's use of Internet, Google Apps, and E-Mail when accessing programs from home. Students are responsible for their own behavior at all times.

I agree with the parent expectations and give my child permission to use Internet, Google Apps for Education, and E-Mail.

Parent/Guardian Name (Print): Parent /Guardian Signature: Date:

_____ _____ _____

Student Consent:

I agree to abide by Student Expectations of Acceptable use of Internet, Google Apps for Education, and E-Mail.

Student Name (Print): Student Signature: Date:

_____ _____ _____

Technology User Agreement and Fee Schedule 2026-2027

The educational program at Harrington Schools includes a Chromebook that will be issued to your student for their use at school and home.

Like textbooks, team uniforms, and other school property issued to your student, there is a responsibility to take appropriate care of these valuable resources. The Chromebooks are no different, but they do represent an increased cost to the district and liability to students and parents. We know that loss and accidents will happen. District policies, regulations and practices require that a fee be levied to cover the repair or replacement cost of district property.

Repair/Replacement Fees	**First Claim**	**Second Claim**	**All Other**
DAMAGE	None	Full Cost to Replace	Full Cost to Replace
Theft (with police Report)	None	Full Cost to Replace	Full Cost to Replace
Lost	$50 deductible	Full Cost to Replace	Full Cost to Replace

Full Replacement Cost Schedule
Chromebook: $150
Broken Screen: $50
Missing Keys/Broken Keyboard: $75
Lost/Stolen/Broken Power Adapter: $40

Because we cannot repair the power adapter, students must always cover the cost of damage to, or loss of the power supply/cord.

THEFT: If Chromebook is stolen, you will be required to submit a police report. Fraudulent reporting of theft will be turned over to the police for investigation. A student making a false report will also be subject to disciplinary action.

LOSS: If the Chromebook is lost, the district will cover the cost for the loss minus a $50 deductible. If subsequent loss occurs, the student will be issued a replacement only after a full payment is received. In the event that the technology is recovered in working condition, the replacement cost previously paid by the student/parent will be refunded. Any Chromebook lost or stolen will be remotely disabled and all functionality removed until the Chromebook is returned.

STUDENT NAME: _____ SIGNATURE: _____

DATE: _____

PARENT NAME: _____ SIGNATURE: _____

DATE: _____