



FRANKLIN HIGH SCHOOL

JOSHUA HANNA, PRINCIPAL

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CATHERINE KLEIN, SUPERVISOR FOR SPECIAL EDUCATION PROGRAMMING

REPLACEMENT CHROMEBOOK AUTHORIZATION FORM & OPTIONAL INSURANCE FORM

Student Name: _____ Date: _____

Student ID: _____ YOG: _____

Assistant Principal: _____

PRINCIPAL SIGNATURE: _____

We are requesting a replacement Chromebook because the original Chromebook issued to the above named student is (check one only):

- ☐ Lost (not eligible for insurance claim)
- ☐ Accidental Damage - NO insurance (cracked screen, physical damage)
- ☐ Intentional Damage - NOT covered by insurance (carvings, etc)
Intentional damage is NEVER covered under any circumstance.
- ☐ Stolen (must attach Police Report in order to process FPS insurance claim)

I, _____ (student name), understand that I will need to pay \$250 for the lost/intentional damage/stolen chromebook BEFORE I receive a replacement device.

LIBRARY LOANERS will NOT be issued during this process.

If you did not purchase insurance this school year, optional Insurance for the **replacement** Chromebook is available for \$25.

- ☐ I would **like to purchase** the optional insurance at this time (that will cover from now until the end of the current school year).
- ☐ I am **declining** to purchase the optional insurance on the replacement device. **I understand I will be responsible for the total replacement cost of the device - currently \$250.**

Parent Signature

Student Signature