



iPad Damage Report Form

Student Name: _____ Grade: _____

Student School: _____

Parent/Guardian Name: _____

Primary Contact Number: _____ Parent Email Address: _____

Incident Date: _____ Incident Time: _____ Incident Location: _____

Circumstance/Description of the Incident:

Has the student had any previous iPad incidents? Yes ___ No ___
Did you purchase the Project Connect iPad Insurance? Yes ___ No ___

Office Use Only
Recording Principal: _____
After investigating, was the student found to be at fault? Yes ___ No ___
Damage was: Accidental ___ Malicious ___
Principal's Findings:

Financial Responsibility to Student:
___ None ___ Full Replacement (\$600) ___ Deductible (\$25/\$50)
___ Lightning Cable (\$25) ___ Power Adaptor (\$35) ___ Protective Case (\$25)

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____