



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:

Office Use Only

Recording Principal: _____

After investigating, was the student found to be at fault? Yes ___ No ___

Damage was: Accidental ___ Malicious ___

Has the student had any previous iPad incidents? Yes ___ No ___

Did you purchase the Project Connect iPad Insurance? Yes ___ No ___

Financial responsibility to student if uninsured will be the cost of repair to damage or replacement if the damage is unreparable.

Financial Responsibility to Student if insured:

___ Accident 1st Incident = Deductible (\$25) ___ Accident 2nd Incident = Deductible (\$50)

___ Accident 3rd Incident = Deductible (\$100) ___ Malicious/Accident = Replacement (\$400)

___ Lightning Cable (\$25) ___ Power Adaptor (\$35) ___ Protective Case (\$25)

Total Obligation: \$ _____

Obligation Due: _____

Principal Signature: _____ Date: _____

Financial Responsibility of Student met on: _____ **Date:** _____

Copy this document as a receipt.