



Peters Township School District: Accidental Damage Protection (ADP) Program

At the start of each school year, students enrolled in the Peters Township School District will be assigned a District owned device to access the curriculum. Families in the Peters Township School District have the option to participate in an Accidental Damage Protection (ADP) Program for student assigned technology devices at a non-refundable cost of \$25 per student, per year. Families receiving free or reduced meals through the National School Lunch Program are automatically enrolled in the ADP Program.

In order to participate in the ADP Program, payment must be received no later than September 15, 2023.

What is covered under the Accidental Damage Protection (ADP) Program?

The ADP Program covers accidental damages, including most spills, drops, and breaks. If damage is deemed intentional by the IT Department or building administration, the District may require the family to cover repair costs.*

| Covered by ADP | | Not Covered by ADP | |
|---|--|--------------------|---------|
| Item | List Price | Item | Cost |
| Broken Keyboard | \$74** | Stylus | \$14** |
| Broken Screen | \$250** | Charger | \$60** |
| Small Repairs: Missing key, touch pad, touch screen malfunction, etc. | Cost determined by Dell vendor per incident. | Lost Laptop | \$510** |
| | | Lost ActivPen | \$84** |
| | | | |

*Incidents of abuse or intentional damage are not covered by the usage fee or ADP Program and may result in the full repair cost being billed to the Parent/Guardian. The ADP Program does not cover lost accessories such as power adapters and pens.

** Prices given are examples only and are subject to change.

Complete and Return Section Below with Payment

Peters Twp. School District Accidental Damage Protection Program: **2023 - 2024 School Year**

Make checks payable to: **Peters Township School District or PTSD**

Please Return forms and payment to:

Peters Twp. Administration Building, ATTN Technology, 631 East McMurray Road, McMurray, PA 15317

| Student Name | Grade | Building |
|--------------|-------|----------|
| | | |
| | | |
| | | |
| | | |

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

I acknowledge and understand that the Accidental Damage Protection Program fee must be paid by September 15, 2023 to participate.