



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 Program (ADP) for student assigned technology devices at a cost of \$25 per student, per year. ***In order to participate in the ADP program, payment must be received no later than September 10, 2021.***

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

ADP covers accidental damages, including most spills, drops, and breaks. If damage deemed intentional by the IT Department or building administration, the district may require the family to cover repair costs.¹

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*

¹ Incidents of abuse or intentional damage are not covered by the usage fee or ADP and may result in the full repair cost being billed to the Parent/Guardian. The ADP Program Plan does not cover lost accessories such as power adapters and pens. * Prices given are examples only and are subject to change.

Please complete and return this section with payment.

Peters Township School District Accidental Damage Protection Plan: **2021 - 2022** School Year

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

Forms may be returned to the main office of your child's school or mailed to 631 East McMurray Road, McMurray, PA 15317, ATTN: Bridget Kirwan

Student Name: _____

Parent/Guardian Name (please print): _____ Student Grade: _____

Parent/Guardian Signature: _____ Date: _____

I acknowledge and understand that the Accidental Damage Protection Plan Fee must be paid by September 10, 2021 to participate.

For Office Use Only

PAID Via Check: Check # _____ Via MoneyOrder Date _____

Received by: _____ Date: _____