

# Clover School District Technology Insurance Payment Plan or Waiver



\_\_\_\_\_  
Student Name

\_\_\_\_\_  
School

This form is designed to allow families to define a payment plan for the Technology Insurance Plan fee. Once the fee is either paid in full or a payment plan has begun, the student will have take-home access of the assigned mobile computing device and be covered by the Technology Insurance Plan. Please pay what you can now and select either a payment plan or waiver below.

- Cash     Credit Card  
 Check # \_\_\_\_\_

\_\_\_\_\_  
**Amount You Can Pay Now**

\_\_\_\_\_  
**Payment Method**

\_\_\_\_\_  
**Received By**

**PAYMENT PLAN**

- Payments of \$5 per month are to be made by the first of each month until \$25 is paid. Balance may be paid in full at anytime.
- Missed payments may result in a student becoming a day user.
- Invoices will be sent home each month until the balance is \$0.

- September**    Amount Paid: \_\_\_\_\_    Balance: \_\_\_\_\_
- October**        Amount Paid: \_\_\_\_\_    Balance: \_\_\_\_\_
- November**       Amount Paid: \_\_\_\_\_    Balance: \_\_\_\_\_
- December**        Amount Paid: \_\_\_\_\_    Balance: \_\_\_\_\_
- January**          Amount Paid: \_\_\_\_\_    Balance: \_\_\_\_\_

**WAIVER**

If you are unable to pay for the Technology Insurance Plan due to extenuating circumstances, you may request a waiver for part or all of the Technology Insurance Fee. Waivers are to be approved by the school administration.

Amount you wish to waive: \_\_\_\_\_ Reason: \_\_\_\_\_

By signing below, you accept the terms of the agreement above once it is approved by the school administration.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address