

Parent/Guardian of _____ (Student's last name) _____ (Student's first name) _____ (Grade)



DELMARVA CHRISTIAN HIGH SCHOOL

iPAD DAMAGE OR THEFT REPORT

I, _____, affirm that:
(Parent/Guardian)

_____ I have purchased iPad insurance. This is my _____ claim against this policy.

_____ I have not purchased iPad insurance

My address is: _____

The date of the incident was: _____ / _____ / _____ Location of incident: _____

Description of incident: _____

If theft, police department that was notified: _____

Date of police report: _____

Who filed the report: _____ Police report is attached: Yes / No

Do you have secondary property insurance? Yes / No

Name of insurance company: _____

Have they been notified: Yes / No

Payment received from secondary insurance: \$ _____

If you receive payment from a secondary insurance policy that amount will be deducted from the amount that DCHS will pay towards the loss.

By signing, I agree that the above statements are true and correct to the best of my knowledge.

(Parent/Guardian signature)

(Date)

iPad SN: _____ Replaced with: _____ Payment: \$ _____ Check: _____