



Meridian Public Schools

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Superintendent

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Harold L. Scott
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*****This form must be completed and returned to your child's school before a laptop computer will be check out to them.**

Name of Student _____

Date of Request _____ Grade _____

Address _____ Zip Code _____

Home Phone _____ Other Phone _____

Option 1

_____ Yes, the laptop will be covered by homeowner's insurance.

Insurance Provider _____ Policy Number _____

Option 2

_____ Yes, I would like to participate in the insurance plan which involves a \$25 enrollment fee with a deductible of \$250 per incident.

\$25.00 Payment: Check # _____ Cash Money Order

Option 3

_____ No, I decline service at this time and I understand that I am responsible for 100% of any damage or loss to the loaned laptop.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

*****Note: Failure to return a signed form by the last school day in August will result in Option 3.**