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**Kent County Public Schools**

 ***Growing a Community of Leaders***

August 26, 2016

Dear 10th, 11th and 12th Grade Parent/Guardian,

We are excited to be able to provide laptops for all students in grades 10-12 to fulfill an integral part of our mission to personalize learning for students. In order to help KCPS protect your child’s laptop, allow them to keep it throughout summer to complete any additional assignments, and to ensure that it lasts until they graduate, we are requiring that parents select **one** of the following options:

1. $40 annual technology fee paid to KCPS by September 30, 2016
2. $80 annual group insurance policy through Worth Ave
3. proof of coverage from a homeowners or renter’s insurance policy

**Comparison of Technology Fee Option and Group Insurance Policy**

|  |  |  |
| --- | --- | --- |
|  | Technology Fee (option 1) | Group Insurance (option 2) |
| Cost | $40 annually | $80 annually |
| Accidental Damage | Yes (covers only one event annually) | Yes (covers more than one event annually) |
| Theft coverage | No | Yes |
| Charger | One-time replacement | No |
| Summer coverage | Yes | Yes |
| Payment Plans | Yes | No |
| Laptop Bag & Plastic Cover | Yes | Yes |

KCHS will begin collecting either the technology fee (option 1) or group insurance premium (option 2), or proof of homeowner’s coverage (option 3 on Thursday, September 1st through September 30, 2016. Checks should be made payable to Kent County Public Schools. Contact the Board of Education Technology Department at 410-778-7111 to arrange a monthly payment plan if necessary (only available for option 1).

Please select one of the options below and turn this letter into the technology staff in room 612, with or without payment, on Thursday, September 1, 2016. Payments will be due by September 30th unless other arrangements are made.

Printed Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_Option 1 ($40 Technology Fee)

\_\_\_\_\_\_\_\_\_Option 2 ($80 Worth Ave. Group Insurance)

\_\_\_\_\_\_\_\_\_Option 3 (Homeowner’s or Renter’s Insurance)

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

Parent/ Guardian Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_