



**WEST CLERMONT LOCAL SCHOOL DISTRICT**

**Middle School Chromebook Insurance Order Form**

| Parent/Guardian Name: <i>(Please Print)</i> |   | Select School Building:<br><input type="radio"/> West Clermont Middle School |  |
|---|---|--|--|
| Address: <i>(Please Print)</i>              |   | Alternate Phone:   |  |
| City, State, Zip: <i>(Please Print)</i>     |   | Email Address:   |  |
| QTY   | Description   | Unit Cost  |  |
|   | Chromebook Damage Insurance for: (Enter Student Name) | \$ 30  |  |
|   | Chromebook Damage Insurance for: (Enter Student Name) | \$ 30  |  |
| <b>Total:</b>                               |   |  |  |

