



FRANKLIN HIGH SCHOOL

PETER LIGHT, PRINCIPAL

SHAINA SQUIRES, ASST PRINCIPAL FOR ACADEMICS
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REPLACEMENT CHROMEBOOK AUTHORIZATION FORM & OPTIONAL INSURANCE CLAIM

Student Name: _____

YOG: _____

Student ID: _____

Date: _____

Parent Name: _____

We are requesting a replacement Chromebook because the original Chromebook issued to the above students is (check one only):

- Lost (not eligible for insurance claim)
- Damaged
- Stolen (must attach Police Report in order to process FPS insurance claim)

Did you purchase insurance through the Franklin Public Schools for this device?

- No
- Yes

** If you purchased insurance through the Franklin Public Schools, this form will be reviewed by school administration. Once approved, a credit in the amount of \$300 will appear on your billing statement as "insurance claim."

I understand that I will be billed \$300 for the lost/stolen/damaged device and that Select one option from below:

- Please issue a new device to the above named student. I will incur additional fees if the new device is lost/stolen/damaged.
- I am declining to obtain a new device, we will be responsible for providing our own 1:1 device as required by the student handbook.

Parent Signature

Student Signature