Laptop Accident/Damage Report

Computer: Apple G4 iBook **Laptop Asset Number:** _____

Student Name: _____ **Home Phone:** _____

Address: _____

Date Reported: _____ **Date of Accident/Loss:** _____

Location of accident/loss: _____ ☐ At Home ☐ At School

If location was at school:

What class or room were you in? _____

Was a teacher present? ☐ Yes ☐ No

If yes, who was the teacher? _____

Were there any other witnesses (students or staff) to the accident? ☐ Yes ☐ No (List witnesses below)

_____

Did you participate in the 2008-09 Laptop Protection Plan: ☐ Yes ☐ No

Student's detailed description of the accident/loss:

_____ _____

Student Signature Parent/Guardian Signature

To be completed by school staff:	
Technician Name:	School Administrator:
Notes:	Notes:
Cost of Repair:	$100 Deductible Paid ☐ Yes ☐ No

Submit completed form to Technology Coordinator, c/o Superintendent's Office, Cape Elizabeth Schools
320 Ocean House Road, Cape Elizabeth, ME 04107