

iPad Purchase Form

Student Name: _____

Parent / Guardian Name: _____
(must be parent / guardian that signed up for insurance)

Payment Method:

_____ Cash enclosed

_____ Check enclosed (makes checks payable to **DeLaSalle High School**)

By making this payment and signing this order form you are agreeing to the following:

- All sales are as-is and are FINAL.**
** Purchase includes charger and case that is currently assigned to student.
- At the time of purchase the iPad becomes the student's device, and the school purchased insurance plan is NO longer in effect.
** Purchase price of \$100.00 includes a \$5.00 discount for buy-out of insurance.
- Damage to the device is the responsibility of the student to have fixed in a timely manner. DeLaSalle will NOT be responsible for any expenses relating to device repairs after the date of purchase.
- The student will be required to follow all policies and procedures in place prior to purchase regarding acceptable use. The device is still to be used for school related activities prior to the end of the school year.
** Students **MUST** take device through final year-end checkout process on last day of school. **
** The device will remain under the school's MDM program until student finishes year-end checkout.**

I have read and agree to the above statements.

Student Signature

Date

Parent / Guardian Signature

Date

** Return completed purchase form by May 17th, 2019 to the Business Office.