

STUDENT NAME: _____



MVCS iPad DAMAGE REPORT

I, _____, affirm that:

1. This is my barcode # _____

2. My address is _____

3. Date of Incident: ___/___/___ Location of Incident: _____

Description of Incident: (What happened?) _____

4. Do you have secondary property insurance? Yes No

Name of insurance company providing this insurance _____

Have they been notified? Yes No

Payment received from secondary insurance? \$ _____

5. If you receive payment from another source, such as another insurance policy, that amount will be deducted from the amount that Monte Vista Christian School will pay toward the loss.

By signing, I agree that the above statements are true and correct to the best of my knowledge.

Print Parent Name: _____

Parent Signature: _____

Parent Email: _____ Parent Contact #: _____

Claims Information: Laura Kusanovich LauraKusanovich@mvcs.org

Claims Department: (831) 722-8178 ext. 163

Department:	iPad Claim:
<input type="checkbox"/> iPad Manager Signature: _____ Date: _____	<input type="checkbox"/> Approved—Charge Deductible Only
<input type="checkbox"/> IT –Business Office Signature: _____ Date: _____	<input type="checkbox"/> Denied