

Northern Lehigh School District Chromebook Repair/Damage Form

Date of Report:	School:		Number of Incidents:	
Student Name:		Student ID #: _	Grade:	
Description of damag	e/issue: (Use additional	sheet of paper an	d attach if necessary)	
I believe the damage a	assessment above to be a	accurate and factua	l to the best of my knowledge.	
Student Signature:				
Damage to: C	Chromebook Cha	arger Case		
Damage Determination	on: Payment Req	uired Warra	anty/No Charge	
Repair Cost:				
LCD or	Keyboard Replacement	(\$50)		
Stolen, I	Lost, or Damaged Charg	ger (\$20)		
Stolen, 1	Lost, or Damaged Case	(\$25)		
Theft or	Loss of Chromebook (1	11 Inch CB - \$250,	14 Inch CB - \$325)	
Other				
Total Da	amage/Repair Cost			
Technology Departme	ent Staff Signature:			
Building Principal Sign	gnature:			
Director of Technolog				

Northern Lehigh School District reserves the right for final determination of charges for damage.