Damage/Loss/Stolen Report for School Equipment  
WESTSIDE CHRISTIAN HIGH SCHOOL  

Student Name: ___________________________  Report Date: ________________

Incident Location: _________________________  Incident Date: ________________

Item(s) Lost/Damaged/Stolen (check all that apply):
___ Laptop  ___ Power Adapter  ___ Other: ___________________

Incident description and information relative to loss/theft/damage:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Acknowledgment of billable charges for deductible or costs associated with device repair or replacement:

By signing below, the student and parent/guardian affirm the truth of the statement above as well as acknowledge that costs associated with the non-warrantied repair or replacement of issued device will be billed toward the student’s account. Should the device be covered by school-issued insurance, the billed fee will NOT be greater than the $100 deductible. Non-insured fee will NOT be greater than the unit replacement cost of $425.

Student Signature: ___________________________  Date: ________________

Parent/Guardian Signature: ___________________________  Date: ________________

Note: Repair or replacement for cosmetic damage that does not affect functionality or user safety is not required, nor covered by insurance. Chromebook AC Adapter replacement cost is $55. Questions regarding device repair or replacement should be directed toward the Director of IT, Lige Armstrong, armstrong@wchsonline.org.

FOR OFFICIAL USE

Device Asset Tag # _______ Depot Qualified: _____  Total Charges: $___________

Work Order Summary: ___________________________  ___________________________

Cost: ___________________________  Billed: Y / N  Date: ________________  Ref: ________________

8.21.2019