

CCS Acknowledgement of Damages and Related Student Financial Obligations

Date:

Student Name:

Student ID:

Parent/Guardian Name:

CCS Device(s) Damaged:

CCS Device(s) Asset Tag #s:

CCS Device(s) New Asset Tag #s:

Circle financial obligation/s below that apply

	iPad	Laptop	Chromebook
Charge for Lost or Non-			
Returned Device	\$325.00	\$475.00	\$250.00
Charge for Lost Charger	\$40.00	\$40.00	\$40.00

	Charge for	Charge for	Charge for Lost	Charge for Lost or
	Minor Damage	Major Damage	Charger	Non Returned Device
Ipad	\$45.00	\$125.00	\$40.00	\$325.00
Chromebook	\$25.00	\$75.00	\$40.00	\$250.00
Laptop	\$45.00	\$95.00	\$40.00	\$475.00

Total Student Financial Obligations: \$ _____

Payment Plan (Please contact your treasurer school payment plan): Payment Arrangement: Total Amount to be paid per month/week ______

By signing below, I hereby acknowledge that the CCS equipment listed above:

I understand that the total student financial obligation(s) indicated above will be applied to my child's record and due upon withdrawing or graduating from Cabarrus County Schools. Initial_____

I understand that unpaid student financial obligations may prevent my child from participating in school activities including but not limited to graduation. Initial_____

Parent/Guardian (print) _____

Parent/Guardian (sign)______. Date: ______.

*Pay Online @ https://www.k12paymentcenter.com/Home/Index *