

SANTA MARIA JOINT UNION HIGH SCHOOL DISTRICT

2560 Skyway Drive Santa Maria, CA 93455

805-922-4573 Fax 805-928-9916

TABLET CLAIM FORM

School: Pioneer Valley High Righetti High Santa Maria High Delta High

Date: _____

Student's Name: _____

Student 6-digit permanent ID# _____

Current Address: _____

Phone number: _____

Email address: _____

Tablet Bar Code: _____

Verified by: _____

Type of claim: Broken Theft

(student must file theft report with the Office of Student Affairs)

Parent must be present to receive replacement tablet.

Parent Signature

Date

FOR OFFICE USE ONLY

Approved Denied Site Administrator Approval _____
 Replacement tablet issued. Other _____
Date issued _____ New tablet bar code/asset tag _____

PROCESS FOR TABLET INSURANCE CLAIM – Broken or damaged tablets

1. Student/parent must complete the form above.
2. Librarian confirms number of claims (students are allowed a maximum of 3).
3. Collect damaged tablet and indicate type of loss in Destiny.
4. Enter the new tablet bar code/asset tag number in Destiny.

DISTRITO ESCOLAR UNIFICADO DE LAS ESCUELAS PREPARATORIAS DE SANTA MARIA

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FORMULARIO DE RECLAMACIÓN DE TABLETAS

Escuela: Pioneer Valley High Righetti High Santa Maria High Delta High

Fecha: _____

Nombre de Estudiante: _____

Identificación permanente de 6 dígitos del estudiante # _____

Domicilio Actual: _____

Número de teléfono: _____

Correo electrónico: _____

Código de Barras de la Tableta: _____

Verificado por: _____

Tipo de reclamación: Dañada Robo

(Estudiante debe presentar reporte de robo con la Oficina de Asuntos Estudiantiles)

Padre debe estar presente para recibir la tableta de reemplazo.

Firma de Padre

Fecha

PARA USO DE OFICINA SOLAMENTE

Approved Denied Site Administrator Approval _____

Replacement tablet issued. Other _____

Date issued _____ New tablet bar code/asset tag _____

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