

NBISD iPad Protection Plan

Please print and return with cash or check. Please make checks payable to New Braunfels ISD.
Grades 6-12 return to the HUB. Grades K-5 return to front office receptionist.

Parent First Name: _____ Parent Last Name: _____

Parent email: _____

How many protection plans do you wish to purchase? _____ x \$20 = \$ _____

Student #1

Student First Name: _____ Student Last Name: _____

Student ID Number: _____ Student Campus: _____

Student #2

Student First Name: _____ Student Last Name: _____

Student ID Number: _____ Student Campus: _____

Student #3

Student First Name: _____ Student Last Name: _____

Student ID Number: _____ Student Campus: _____

Student #4

Student First Name: _____ Student Last Name: _____

Student ID Number: _____ Student Campus: _____