



UNITY SCHOOL

EMPOWERING CHILDREN & INSPIRING LEARNING

iPad ACCIDENTAL DAMAGE REPORT

I, _____, grade _____ affirm that:

Date of Incident: ___/___/___ Location of Incident: _____

Description of Incident: (What happened?) _____

By signing, I agree that the above statements are true and correct to the best of my knowledge.

Parent's name
(print): _____

Parent's Signature: _____

Parent's
Email: _____

Claims Information: Doug Mattocks dmattocks@unityschool.com

IT Department: 561-276-4414 ext. 121 or 157

IT –Coordinator Signature: _____ Date: _____