



Somerset Berkley Regional High School
625 County Street
Somerset, MA 02726



DAVID J. LANCZYCKI

Principal

Dr. Susan M. Brelsford

Asst. Principal

Main Office (508) 324-3115

Fax Number (508) 324-3118

Kim M. DoCouto

Asst. Principal

1:1 STUDENT TECHNOLOGY INSURANCE FEE – WAIVER FORM

The Somerset Berkley Regional High School and the Somerset Berkley Regional School Committee have established a 1:1 Student Technology Insurance Fee in order to provide insurance coverage on the device for students for the 2018-2019 school year. The fee is \$30 annually for the Technology Insurance.

If a student/family feels they cannot afford the technology insurance fee, they may request a payment plan, an extension of the due date, or a waiver. All requests should be submitted to the Principal. Strict confidentiality will be maintained.

Student Name: _____

Year of Graduation: _____

Please select one of the following:

_____ Request for a Payment Plan

_____ Request for an Extension of the Payment Due Date

_____ Request for a Waiver of the User Fee

Parent/Guardian Name (Print): _____

Signature: _____ Date: _____

Phone Number: _____ Email: _____

Additional information to support the request: _____