2018 – 2019
Glen Ridge High School Chromebook Insurance Fee
($30 per student/$50 per family)

Student Name: _______________________________  Grade: ________

Student Name: _______________________________  Grade: ________

Student Name: _______________________________  Grade: ________

Make your check payable to **Glen Ridge Board of Education**, and mail it to:

**Glen Ridge High School**
200 Ridgewood Avenue
Glen Ridge, NJ  07028
Attn.: Chromebook Insurance Fee

Please remit promptly in the school year to ensure uninterrupted service should the need for repairs arise. Thank you.

---

*For Office Use Only………………*

Check No.: _______________  Date Received: _______________  $ Amount: _______________