



**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: _____