



IPAD RESERVATION FORM

I would like to request _____ iPad(s) be sent home with my child(ren) to help us accomplish the eLearning assignments.

Please check below if you agree:

- We agree not to add or delete any of the apps currently loaded on the iPad(s).
- We agree to be responsible for any damage to the iPad(s) that come to our home and will reimburse the school for any costs to fix or replace the iPad(s) as necessary.
- We agree to send the iPad(s) back the following school day we are in session or incur a penalty of \$10.00/day for every day it/they are not returned back to school.

**FAMILY LAST
NAME:** _____

**PARENT
SIGNATURE:** _____

DATE: _____

**DATE iPad
ISSUED:**

**DATE iPad
RETURNED:**

◆◆OFFICE USE ONLY◆◆

iPad ID: _____

HOMEROOM TEACHER: _____

iPad ID: _____

HOMEROOM TEACHER: _____

iPad ID: _____

HOMEROOM TEACHER: _____

iPad ID: _____

HOMEROOM TEACHER: _____

iPad returned in good condition? YES NO Describe: _____

iPad returned on time? YES NO Days Outstanding: _____

Fees Due: _____ Fees Paid: _____