

TO: PARENT/GUARDIAN
RE: STUDENT EQUIPMENT CHECK-OUT

I give my permission to my son/daughter to check out equipment owned by Lockport Township High School. The student understands it is his/her responsibility to retrieve the camera, take care of its content and equipment, and return it back to the Media Center in a timely manner. I understand that the camera will be checked out in my son/daughter's name and that I am aware of his or her possession of the equipment and their responsibility for the care of it. If anything happens to the equipment such as damage or theft, the student will be held responsible for any and all costs for repair or replacement. Replacement cost for a Flip Camera is \$150.00.

DATE: _____

STUDENT NAME: _____ **ID#** _____

PARENT/GUARDIAN: **EMAIL** _____

PHONE # _____

SIGNATURE: _____

EQUIPMENT NEEDS TO BE RETURNED BY 7:45AM ON _____

IF YOU HAVE QUESTIONS, PLEASE CALL 815-588-8447 BETWEEN 6:30AM-2:00PM.

SECTION TO BE COMPLETED BY MEDIA CENTER STAFF:

EQUIPMENT TYPE: _____

EQUIPMENT ID #: _____

STAFF INITIALS: _____

****DATE RETURNED:** _____

****STAFF INITIALS:** _____