

Name of Person (Student) receiving equipment: _____

Address: _____

Phone _____ Email Address _____

Teacher/Consultant: _____

Educational Objective:

Materials requested to support this objective and how they will be used:

Will this equipment also be used at home? If yes, please outline a plan for transportation of the device(s).

Please list each make/model of equipment requested, a manufacturer/seller and approximate cost of equipment being checked out.

Item Description	Serial Number	Est. Value
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Date Received	Signature (indicating receipt)	Date returned to APS	APS Signature
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

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The equipment detailed in this agreement has been checked out for the exclusive use of _____

a student at _____ in Arlington Public Schools.

Arlington Public Schools Responsibilities

- *Provide the equipment in good working order
- *School staff training and support on use and care of the equipment
- *Routine maintenance and repair of the equipment

Receiving Parent Responsibilities and Assumption of Risk

- *Sending the equipment in good working order to school daily
- *Daily battery recharging to ensure proper function
- *Safe guarding the equipment from loss, theft, misuse, damage due to neglect or improper use
- *The parent/guardian is responsible for replacement or repair of all the equipment should it be lost, stolen, or damaged due to negligence or misuse.

Arlington Public School Contact Information

For repair and pick up questions at the end of the year:

Name	E mail	Phone
_____	_____	_____

For training on use, or questions related to use:

Name	E mail	Phone
_____	_____	_____

The terms of this agreement have been discussed and understood. My signature below signifies acceptance of this agreement and acknowledges my responsibilities and assumption of risk as noted above.

Parent/Guardian Signature _____ ****Original signature required! Please print and sign.**** Date _____
(This notation will not print.)

For District use only

Teacher/Consultant	<input type="text"/>	Date	<input type="text"/>
Special Ed Director	<input type="text"/>	Date	<input type="text"/>