

Student Last Name (please print)

First Name

Student #

Academy District 20 Device CHECK OUT FORM

List of Equipment (check all that apply)

Description of Asset	Laptop / Tablet	iPad	Wi-fi Hotspot	Other
Model/Series	<input type="checkbox"/> 31xx <input type="checkbox"/> 54xx <input type="checkbox"/> 33xx <input type="checkbox"/> 55xx <input type="checkbox"/> 34xx <input type="checkbox"/> Other _____	<input type="checkbox"/> Regular Size <input type="checkbox"/> Mini	<input type="checkbox"/> Kajeet	
Serial Number				
Accessories	<input type="checkbox"/> Power Cable <input type="checkbox"/> Case* <input type="checkbox"/> Mouse <input type="checkbox"/> Stylus	<input type="checkbox"/> Power Cable <input type="checkbox"/> Case* <input type="checkbox"/> Keyboard <input type="checkbox"/> Stylus	<input type="checkbox"/> Power Cable <input type="checkbox"/> Wi-Fi Cable(s) <input type="checkbox"/> Case*	
Condition at Checkout	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<u>Notes Specific Flaws if applicable:</u>		
Value of asset & accessories	Replacement or Repairs not to exceed \$400**			
Access to Device	<input type="checkbox"/> Device to remain in school (unless transitioning to eLearning) <input type="checkbox"/> Device will be taken home for student use			
Date checked out	____ / ____ / ____ <input type="checkbox"/> Scanned in Destiny by _____ (initials)			
Date DUE	<input type="checkbox"/> End of 2020/21 SY or upon student withdrawal from Academy District 20 <input type="checkbox"/> Specified Date ____ / ____ / ____			

*Device and/or case must be returned clean and free of stickers / decals / marks.

**Replacement or Repairs to District Device/Accessories

If the digital device and/or accessories are deemed to be damaged or lost while in the student's possession, the parent may be subject to the cost of repairs or replacement not to exceed the amount indicated in the "Value of asset & accessories".

Agreement

I understand the device/accessories are property of Academy District 20. I agree to the terms of the K-12 Mobile Device Checkout form located in the parent portal. I will review the Technical and Responsible use guidelines with my child.

Parent or Legal Guardian Name (Printed) _____

Parent or Legal Guardian Signature _____ Date _____