



Equipment Return Form

Student Name (required): _____

Student Number (required): _____

School Email (required): _____

Phone (required): _____

Date: _____

Returned Device Information:

- | | |
|---|----------------------|
| <input type="checkbox"/> iPad | Serial Number: _____ |
| <input type="checkbox"/> Case | Serial Number: _____ |
| <input type="checkbox"/> Pencil | Serial Number: _____ |
| <input type="checkbox"/> Charging Block | |
| <input type="checkbox"/> Charging Cable | |

Condition (Please check one):

- ☐ Excellent (in like-new condition)
- ☐ Good (evidence of responsible care taken)
- ☐ Fair (evidence of minimal care taken)
- ☐ Poor (evidence of neglect or damage)

Is this device in need of repair?

- ☐ No
- ☐ Yes

If YES, please note damage:

Name _____ /ID# _____

Date _____

Signature _____