

Request for Off-Site Use of School-Owned Materials and Equipment by Students

Student Name: _____

Class: _____ Teacher: _____

Equipment Requested: _____

Purpose: _____

Requested Begin Date: _____ End Date: _____

I agree to use this equipment consistent with Board of Education Policies: 1505, *Use of School-Owned Materials and Equipment by Staff and Students* and 1500, *Public Use of School Facilities*. I will use this equipment solely for the intended purpose listed above and am financially responsible for said equipment.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

APPROVALS

Principal Signature: _____ **Date:** _____

Recommend: ☐ Approval ☐ Disapproval

Comments: _____

Technology Coordinator Signature: _____ **Date:** _____

Recommend: ☐ Approval ☐ Disapproval

Comments: _____

Equipment Description: _____

Serial No. _____

Director of Finance & Support Services Signature: _____

Approved _____ Disapproved _____ Date: _____

Comments: _____