

Clover Garden Calculator Loan Agreement

Please read the agreement carefully, and sign below

NOTE: Forms must be completed every school year. (please print clearly)

Student Name: _____

School Year: _____ - _____ Grade: _____ Teacher: _____

Math Class: _____ Period: _____

Parent/Guardian Name: _____

Parent/Guardian e-mail and phone: _____

By signing below, I understand that I am responsible for bringing a calculator to class each day throughout the course of the school year.

My student will need to check out a TI-15 calculator from the school. I understand that my student is solely responsible for the safe return of the calculator at the end of the school year or transfers from this school. If the calculator is **stolen, lost, or damaged**, I understand that as the parent/guardian, I am responsible for reimbursing the school a **\$30 calculator replacement fee**. My student will not be issued another calculator if theirs is **lost or damaged**.

Student Signature Date

Parent Signature Date

MATH DEPARTMENT USE ONLY

Calculator Assigned: # _____ Serial # _____ Date: _____

Calculator condition: _____