

**SCHOOL DISTRICT OF LEE COUNTY  
REMOVAL OF EQUIPMENT FROM DISTRICT PREMISES FOR STUDENT USE**

Student's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

School: Caloosa Middle School, Cape Coral, FL.

I acknowledge receipt of, and accept personal responsibility for the equipment/items identified below. I will take all precautions in the use of this equipment during the time it is in my possession.

I understand that this equipment may not be removed from a District facility without the permission of the principal or instructor. No instrument may be removed from school premises without the permission of the band director.

I understand that this equipment is owned by the School District of Lee County. I have permission to remove this equipment, and will return it intact at the end of the school year or at request of the Instructor or Principal.

While this equipment is in my possession, I will only use it for School District-related activities. I will notify my instructor in writing within 48 hours should the equipment be damaged or stolen while in my possession. Damaged equipment will be returned at that time to the instructor.

I understand that if I do not comply with the above conditions of this agreement, I may forfeit my right to take any equipment from the School District of Lee County in the future. I also understand that I could be prohibited from participating in any extracurricular activities for not returning or paying appropriate assessments for any lost or damaged School District-owned property.

As parent/guardian, I understand that I am financially responsible for District property that is lost, stolen, or damaged while in my child's possession. I agree to pay for the cost of repair or replacement of equipment if damage is a result of my child's actions.

(Dr. Davis will complete information in this box)

Item	Manufacturer	Model	Serial No.	Bar Code No.

I have checked out the above listed equipment: (sign here) \_\_\_\_\_  
Student Signature Date

(sign here) \_\_\_\_\_  
Parent Signature Date

Approved: \_\_\_\_\_  
Principal or Instructor Date

Returned: \_\_\_\_\_  
Principal or Instructor Date

Returned: \_\_\_\_\_  
Student Signature Date

(only sign here when you return the instrument)

<p>\$25.00 instrument use fee paid _____</p> <p>Date collected _____ (Dr. Davis fills this in)</p>
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