

**Calculators are checked out for ONE SEMESTER at a time and
MUST BE RETURNED at the end of each semester!**

Media Center Calculator Sign-out Form 2018-2019



* I understand that I am responsible for the graphing calculator that I have checked out from the Wando High School Media Center should it become lost, damaged, or stolen. I further understand that should any of the above occur, I will promptly repay the school **in the amount of \$115.00.**

* I understand that I am responsible for providing batteries for my calculator. I understand that my teacher does **NOT** have batteries for me.

Student Name (print) _____ Student Signature _____

Grade Level _____ Date _____

Phone Number _____

* I understand that I am responsible for the graphing calculator that my child has checked out should it become damaged, lost or stolen. I further understand that should any of the above occur, I will promptly repay the school **in the amount of \$115.00.**

Date _____

Parent Name (print) _____ Parent Signature _____

Parent email _____ Phone Number _____

** Please bring signed form to the **Wando Media Center circulation desk** to check out a calculator. Thank you!

For office use:

Check out Date:	Due Date:	Calculator #: