

Studio South Equipment Checkout

Glenbard South High School 23W200 Butterfield Rd., Glen Ellyn, IL 60137

Name: _____

Address: _____

ID#: _____

City: _____

Phone#: _____

I accept the responsibility for the equipment listed on the back of this checkout form. I will be responsible for any loss or damage that occurs while the equipment is checked out to me. I understand that I am NOT to give or loan the equipment to anyone else at any time.

I agree to return the equipment before 1st period the following school day, or I will be required to pay a **\$10 late fee**. If the item is late a second day, a Dean referral will be issued.

Student Signature: _____

Parent/Legal Guardian Signature: _____

Date: _____

