



This form to be completed by the staff member signing out the equipment and kept on record

STUDENT DETAILS	
NAME	
CLASS	
YEAR GROUP	
ADDRESS	
PARENT/CARERS TELEPHONE NUMBER	
PARENT/CARERS EMAIL ADDRESS	
LOAN DETAILS	
LOAN DATE	
DATE TO BE RETURNED	
EQUIPMENT DETAILS	
TYPE	
MAKE	
MODEL	
SERIAL NUMBER	
EQUIPMENT CONDITION COMMENTS	[outline any significant defects/marks e.g. large scratch across screen]
ACCESSORY DETAILS	
MOUSE	
CASE	
CAMERA AND MIC	
OTHER	
CHECKED BY NAME OF TEACHER	Signed and dated



LOAN RETURN

This form to be completed by the member of staff on return of the equipment
Equipment must be checked and signed off that it has been returned in good condition. Refer student to senior leadership if the equipment is faulty or damaged.

LOAN DETAILS	LOAN ITEM CHECKED ON RETURN AND COMMENTS
LOAN DATE	
DATE RETURNED	
EQUIPMENT DETAILS	
TYPE	
MAKE	
MODEL	
SERIAL NUMBER	
ACCESSORY DETAILS	
MOUSE	
CASE	
KEYBOARD	
CAMERA AND MIC	
OTHER	
EQUIPMENT CONDITION COMMENTS	
CHECKED BY / NAME OF TEACHER	
DATE	
REFERRED TO SENIOR LEADER FOR FAULT OR DAMAGE	YES <input type="checkbox"/> NO <input type="checkbox"/>