



**COUNCIL ROCK SCHOOL DISTRICT
COUNCIL ROCK HIGH SCHOOL SOUTH
2002 ROCK WAY
HOLLAND, PA 18966
215-944-1100**

Albert Funk, Principal

Date _____

Class of _____

I have obtained parent or guardian permission to borrow the following equipment owned by Council Rock High School South Library with the understanding that I assume responsibility for it while it is in my care. By signing this form I agree to return it at the specified time, in the same condition, at the specified time (at the end of the period if borrowed during the school day or by 7:30 AM if borrowed after school). Should any damage to the equipment occur, I agree to pay for its repair. If an item is lost or damaged beyond repair, I agree to pay the cost of replacement.

I, _____, agree to the above terms and
PRINT (STUDENT NAME)

conditions regarding my use of the CRHS SOUTH LMC equipment.

I have permission to borrow the following equipment:

(check all that apply)

Canon PowerShot Digital Camera _____

Mini DV Tape Camcorder _____

Mini DVD Camcorder _____

Firewire Cable _____

Tape Recorder _____

Easel _____

Equipment being checked out after school may be picked up at 2:10 PM with teacher permission to leave class, and is due back in the CRHS SOUTH LMC BY 7:30 AM the very next school day, unless other arrangements are made with the Library Staff!!

STUDENT Email Address _____

(For Library Staff use only for obligation reminders)

Signed _____

STUDENT

Signed _____

PARENT or GUARDIAN