



Crismon High School

Scientific Calculator Lease Agreement

Student Name: _____ Student ID: _____

Math Class: _____ Teacher: _____ Hour: _____

Home Phone: _____ Student Cell Phone: _____

Parent/Guardian Name: _____ Parent Phone: _____

1. Student agrees to pay a non-refundable fee of \$5 PER YEAR to CHS for the use of a TI-30XIIS Scientific Calculator.
 2. Student/Parent or Guardian agrees to return the calculator no later than the last day of the school year, or pay the full replacement value of \$15.
 3. If the calculator is lost, stolen, or damaged, the Student/Parent or Guardian agrees to pay the full replacement value of \$15.
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I have read and agree to the terms of the Calculator Lease Agreement. I understand that if I do not return this property (TI-30XIIS Scientific Calculator) to the CHS Bookstore by the last day of the semester, I will be billed the full replacement value of \$15.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*** Bring this signed form along with payment to the bookstore to pick up your calculator ***

FOR BOOKSTORE USE:

Paid Date: _____

Date Issued: _____

Signature: _____

Date Returned: _____

Barcode: _____

Received By: _____