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Dear Parent/Student,

Name: \_\_\_\_\_

Please ensure that you complete the following tasks and have the relevant staff member sign on completion:

Library staff member:

Returned outstanding books and resources  Yes  No  NA

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IT staff member:

Returned iPad & Charger  Yes  No  NA

Logged out from iCloud  Yes  No  NA

Any physical damage  Yes  No  NA

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Group Teacher:

Collected all workbooks from classroom  Yes  No  NA

Locker cleaned out  Yes  No  NA

Lock from locker returned  Yes  No  NA

Checklist completed fully  Yes  No  NA

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank details for refundable deposit:

Account name: \_\_\_\_\_

BSB: \_\_\_\_\_

Account Number: \_\_\_\_\_

OFFICE USE ONLY:

Security Deposit Returned: Yes / No

Date Returned: \_\_\_\_\_