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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: _____