



## Kenora Catholic District School Board

We are a Roman Catholic school system dedicated to excellence in education, the Christian formation of youth, and strong partnerships with parents and the church.

Form: 010

### Application for Special Education Equipment Use

*(This form must be submitted at least one week prior to need to allow sufficient time for processing)*

School: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

2. Equipment Request: \_\_\_\_\_

3. Reason for Request: \_\_\_\_\_

\_\_\_\_\_

4. Request Date(s): \_\_\_\_\_

\_\_\_\_\_

5. Return Date: \_\_\_\_\_

#### Conditions of Equipment Use

1. Applicant is responsible for ensuring proper use, care, storage, etc. of equipment while it is in his/her care.
2. Applicant is responsible for obtaining/maintaining personal insurance coverage for equipment to protect against damage, loss, etc. while equipment is on loan.
3. Applicant agrees to the understanding that the user will not program, re-program, delete programs or in any way modify the existing equipment while it is in the care of the applicant. The Board has the right of recourse with the applicant, to seek compensation for any returned equipment that has been damaged or tampered with.

The applicant certifies that he/she has read and understands the Policy and Regulations respecting Special Education Equipment Use and agrees to conform to and to be strictly bound thereby.

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



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## Approval for Special Education Equipment Use

### School Principal:

Date(s) OK

Equipment OK

Reason(s) OK

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal Signature (please print name)

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

Equipment Condition OK  
Checked by:

\_\_\_\_\_  
(Signature) (please print name)

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Original – Principal (school copy)  
c.c. – Applicant  
- Special Education Coordinator