Create opportunities that inspire to engage ALL students in experiences that inspire EACH to grow as learners, individuals, and community members.

Prospect Heights School District 23
iPad Repair Form

Please fill out the iPad repair form and turn it in as soon as possible. Coverage is not afforded where any person has knowingly concealed or misrepresented any material fact or circumstance concerning this repair.

Student Name: _____ Grade: _____

Screen Lock Password: _____ Asset Tag: _____

Parent Email: _____ Parent Phone Number: _____

Date of Incident: _____/_____/_____ Time Discovered: _____ (AM/PM)

Discovered by: _____ Location of Incident: _____

iPad Damage(s)/Condition: (check all that apply)

☐Bent Frame ☐No Power ☐Cracks in Screen

☐Black Lines ☐Charging Issues ☐Other: _____

Describe, in detail, the circumstance of your incident: _____

_____

_____

The above statement is true and correct to the best of my knowledge.

_____ _____
Signature (Student) Date

_____ _____
Signature (Parent/Guardian) Date

Follow up from the Tech Department will go to _____ the student, as a ticket, or _____ the teacher.

Additional Notes, Office Use Only:

Create opportunities that inspire to engage ALL students in experiences that inspire EACH to grow as learners, individuals, and community members.

Prospect Heights School District 23
iPad Repair Form

Complete el formulario de reparación de iPad y entréguelo lo antes posible. No se otorga cobertura cuando una persona ha ocultado o tergiversado, a sabiendas, cualquier hecho o circunstancia material relacionada con esta reparación.

Nombre del estudiante: _____ Grado: _____

Contraseña de bloqueo de pantalla: _____ Etiqueta de propiedad: _____

Correo electrónico del padre/Madre: _____Número de teléfono _____

Fecha del incidente: _____/_____/_____ Hora de descubrimiento: _____ (AM/PM)

Descubierto por: _____ Lugar del incidente : _____

Daños/Condición del iPad: (marque todo lo que corresponda)

☐Marco doblado ☐Sin energía ☐Pantalla Estrellada

☐Líneas negras ☐Problemas de Carga ☐Otro: _____

Describa, en detalle, las circunstancias de su incidente: _____

_____

_____

La declaración anterior es verdadera y correcta según mi leal saber y entender.

_____ _____
Firma (Estudiante) Fecha

_____ _____
Firma (Padre/Tutor) Fecha

El seguimiento del Departamento Técnico irá a _____ Al estudiante, como boleto, o _____ El/La maestro/a.

Additional Notes, Office Use Only: