

**RICHLAND COUNTY SCHOOL DISTRICT ONE
VISUAL AND PERFORMING ARTS
DISTRICT-OWNED MUSICAL INSTRUMENTS
STUDENT CHECK OUT FORM**

School _____ Teacher _____

Student's Name _____ Telephone _____

Instrument _____ Make _____

Serial # _____ Case Yes _____ No _____

Replacement Value _____ District I.D. # _____

Accessories _____

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

1. I agree to pay a non-refundable maintenance assessment fee of \$20.00 for my child to use musical instrument
2. I agree to be responsible for any loss or damage beyond normal wear which may occur to my child's possession. I understand that no repair can be made to the instrument without
3. I understand that the maintenance assessment is limited to one (1) school year.

Parent/Guardian Signature

Address

MUSIC DIRECTOR ONLY

Paid by: Check _____ Cash _____ Receipt # _____

Issued date: _____ Condition _____

Returned date: _____ Condition _____

Teacher's Signature

Pages 1 & 2 - teacher's file: Page 3 - parent/guardian
After instrument is returned, the parent/guardian will receive page 2 of the file copy as a

IN

is a district-owned

of the instrument while in
the teacher's approval.

Date

Phone

Date
receipt