



# LITTLE SILVER PUBLIC SCHOOLS

## **SCHOOL DISTRICT PROVIDED TECHNOLOGY DEVICE LOSS FORM**

Name of Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Date of Computer Loss: \_\_\_\_\_

Date of Police Report: \_\_\_\_\_  
(Please attach a copy of the police report to this form)

### Incident Report

Statement from Pupil Regarding the Loss of Technology:

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Statement from Parent Regarding the Loss of Technology:

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By signing this document, both the student and the student's parent/guardian verify the information above.

Student's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

### School Office Portion

We acknowledge receipt of this form:

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

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

Technology Department Signature \_\_\_\_\_ Date \_\_\_\_\_