



# AMOS ALONZO STAGG HIGH SCHOOL

111th Street and Roberts Road Palos Hills, IL 60465 Phone: 708-974-7400 Fax: 708-974-0803 [www.e239.org/stagg](http://www.e239.org/stagg)

Jeffrey B. Leach  
PRINCIPAL

## Consolidated High School District #230 Media Center Student Loan Agreement

We, \_\_\_\_\_, (Parent Name; Student Name; ID#) \_\_\_\_\_, accept full

responsibility for the item(s) listed below. My son / daughter will be in possession of and have full rights to the use of the following items for purposes of a school project that cannot be completed during school time. If the item(s) is not returned in satisfactory condition, parents are responsible for paying the replacement cost.

All item(s), unless otherwise stated, are on loan overnight only.

Item: \_\_\_\_\_ serial / ID #: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_  
 Item: \_\_\_\_\_ serial / ID #: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_  
 Item: \_\_\_\_\_ serial / ID #: \_\_\_\_\_ Replacement Cost: \_\_\_\_\_

School Project: \_\_\_\_\_  
 Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_  
 Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Phone # \_\_\_\_\_

Check Out Date: \_\_\_\_\_ Due Date: \_\_\_\_\_

\_\_\_\_\_  
 Media Center Staff Signature \_\_\_\_\_ Date \_\_\_\_\_