



OUR LADY OF MERCY  
Regional Catholic School

## **iPad Damage/Loss Form**

|                            |
|----------------------------|
| Student's Name:            |
| Date and Time of Incident: |
| Serial Number:             |
| Homeroom Teacher:          |

Is the iPad lost? Yes or No. If yes, where was the last known location of the iPad. \_\_\_\_\_

If no, please complete the form below.

|   |  |
|---|--|
| Detailed Description of Problem(s):<br>Please be specific by indicating any error messages, programs in use of the time, frequency of problem, etc. | Problem:   |
|   | App in Use:  |
|   | Error Message:   |
|   | Where did the problem occur?<br>Home:<br>School:<br>Other: |

Were you using the iPad at the time? Yes or No

Was the iPad in the iPad case? Yes or No

Was there any food or drink near the iPad? Yes or No

Did you drop the iPad? Yes or No

Is the iPad case damaged? Yes or No

|                              |
|------------------------------|
| Student Signature:           |
| Drop-off Date/Time:          |
| Parent or Teacher Signature: |