

FENWICK HIGH SCHOOL
IPAD LEASE TO OWN PROGRAM
APPLICATION

(Please print)

Student Name: _____

Class Year: _____

Address: _____

City: _____ Telephone: _____

Parent/Guardian Name: _____

1. I understand that the iPad which I am leasing is the property of Fenwick High School until such time as the lease is bought out either in full at any time or at the end of the lease agreement with the payment of \$1.00.
2. I agree to participate in the following program and authorize Fenwick High School to bill me via FACTS:
 ONE Year – I will be billed in ten installments of \$80.00 over one year.
 TWO Year – I will be billed in twenty installments of \$40.00 over two years.
3. I understand that it is the responsibility of the student to care for the iPad in a responsible manner. If damaged, lost or stolen, the student and parent/guardian will follow the guidelines for repairing or replacing the iPad.
4. If a student leaves Fenwick before the end of the lease program, the parents have the option of buying out the lease or returning the iPad to Fenwick.

Signature of parent/guardian: _____

Please return to:

LTO Program
Fenwick High School
505 Washington Blvd
Oak Park, IL 60302

OFFICE USE

iPad Serial #: _____

iPad MAC address: _____

Approval of Application by: _____

Beginning Date: ____/____/____

Buy out Date: ____/____/____

\$1.00 Received on: ____/____/____