



iPad Form 8 – Returning iPad –Upgrade

To be completed by Parent/Student

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|---------------|--|-------------|--|---------|--|
| Student Name: | | Year level: | | MIS Id: | |
| Barcode: | | Serial No: | | | |

| | | | |
|--|------------------------------|-----------------------------|-----------|
| Returning iPad backup: (one box MUST be ticked or we CAN NOT proceed. All information on device is removed & device reset to factory settings) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Comments: |
| Original Case | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Comments: |
| Genuine Apple Charger (including charge cable and power block) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Comments: |

Screen Checked (turn iPad **ON** and check for cracked screen and/or if screen works)

| | | |
|--------------------|--------------------------|--|
| Screen NOT Damaged | <input type="checkbox"/> | |
| Screen Damaged | <input type="checkbox"/> | Inform parent they will be charged for the repair/replacement <input type="checkbox"/> |

Signed:

Date:

To be completed by IPAD DEPARTMENT

| | |
|---|--|
| iPad & Charger Received Date: | |
| Screen Damaged | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Contacted cashier to invoice parent/ Care giver | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| iPad sent to IT Technicians and to wipe and provision Date: | |