DON SOFFER AVENTURA HIGH SCHOOL

**NOTE: Forms will be returned to the student if not filled out completely.**

Student Name (please print clearly): _____

Student ID #: _____

Grade: ____ Math Class: _____ Teacher: _____ Period: _____

Parent/Guardian Name (please print clearly): _____

Parent/Guardian e-mail and phone number: _____

By signing below, I acknowledge that I am physically checking out a Tl-84 Plus / TI-84 Plus CE graphing calculator from Don Soffer Aventura High School for the 2026-2027 school year. If the calculator is lost or damaged in any way, I understand that I will be charged a $150 replacement fee so that DSAHS can replace the calculator. Additionally, I understand that I will be charged a $10 fee for any calculator accessory that I check out and do not return. Finally, I understand that I am responsible for bringing my calculator to class each day.

This form must be filled out, signed, and returned to your Math Teacher before you receive the calculator.

_____ _____
Student Signature Date

_____ _____
Parent Signature Date

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## MATH DEPARTMENT USE ONLY

Calculator Model / Accessories:

_____ TI-84 Plus CE (Rechargeable) _____ Yellow TI-84 Plus

_____ Charging Cable _____ Charging Box

Calculator SERIAL NUMBER : _____ Date: _____

Calculator Returned: _____ Date: _____ Fee assessed: Y / N Fee Amt: _____

Teacher Signature: _____