



UNIFIED ARTS DEPARTMENT

Dr. Betty J. Hill

SUPERVISOR

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Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.

**COLUMBUS CITY SCHOOLS MUSIC INSTRUMENT
USAGE AGREEMENT FORM**

Date _____

School _____ **Instrument** _____

Make _____ **Serial No.** _____

Columbus City Schools/Unified Arts ID No. _____

Conditions Governing Use by Pupil of Board-Owned Musical Instruments

Under the provisions of Ohio Revised Code 3109.09 we agree to be responsible for any damage which may come to the instrument while it is in our care. We further agree to pay for any necessary repairs required during this period which are more than ordinary wear and tear as determined by the teacher. We further agree to return this instrument to the school at any time when requested by the teacher. It is also agreed that the instrument will be used in the preparation for and playing in the school and community organizations by the pupil.

PARENT/GUARDIAN SIGNATURE _____

PUPIL NAME (Please Print) _____

ADDRESS _____

Columbus, Ohio Zip Code _____

PHONE _____

APPROVED _____

Date of Parent Submission _____