

Texas Technical Education Certification Procedures	
Adopted: October 6, 2010	Last Reviewed/Revised: January 3, 2022
Next Scheduled Review: 2024-2025	

~~Approved Policies of Procedures~~

III

SCHOOL NAME

Sample Request for Service/Product

Requested By (print Name): _____

Description of Request: _____

Vehicle Year and Make: _____

Model #: _____

of Kilometres: _____

1. Understand that repairs or service to vehicles will be performed by students under the supervision of a qualified instructor.

2. Agree to pay for all shop charges, parts, materials and supplies necessary to repair the requested vehicle including any environmental or disposal fees.

3. I understand and agree that HALTON CATHOLIC DISTRICT SCHOOL BOARD AND <Insert CSS>, ITS EMPLOYEES, AND STUDENTS HEREBY DISCLAIM ANY AND ALL WARRANTIES FOR A PARTICULAR PURPOSE AND ALL EXPRESS AND IMPLIED WARRANTIES.

I further acknowledge and understand that no representation is made as to the quality of the work to be performed and that no person, employee, or student of the Board is authorized to make any warranties or representations concerning this work.

I acknowledge and understand that my property may be damaged as a result of the work being performed and/or that I may be dissatisfied with the work. Notwithstanding this risk, I hereby completely release and forever discharge HALTON CATHOLIC DISTRICT SCHOOL BOARD AND <Insert CSS> from any and all claims, demands, obligations, actions, causes of action, or damages.

When I return my vehicle to the school, I agree to hold HALTON CATHOLIC DISTRICT SCHOOL BOARD AND <Insert CSS> harmless from any and all claims, demands, obligations, actions, causes of action, or damages, including but not limited to, destruction or theft that may occur to my vehicle or its contents while in possession of the Board and/or School.

Customer Signature: _____

Request Approved By: _____
(Principal/Designate) *Print & Sign*

Date: _____

Total Cost Estimate: _____

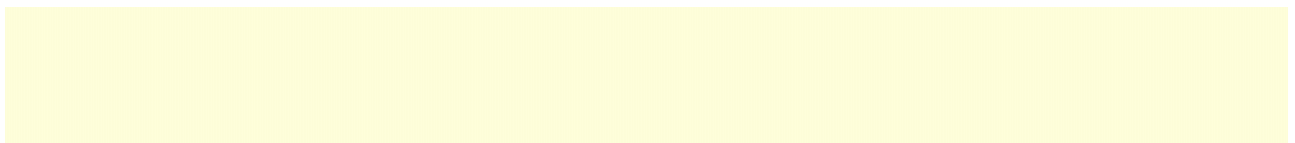
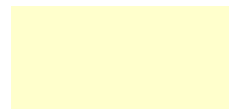
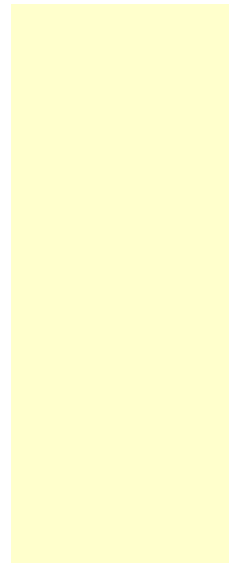
Appendix C

Invoice No.

Name
Address
City
Phone

Province ON

Postal Code



SCHOOL NAME

Sample

MEMORANDUM FOR THE SUPERVISOR

Requested By (print Name): _____

Date of Request: _____

Description of Request: _____

Date Required: _____

Request Approved By: _____
(Principal/Designate)

Date: _____

Approved by: _____ HCDSB site.