MOUNT PLEASANT CENTRAL SCHOOL DISTRICT TEXTBOOK REQUEST FOR _____ SCHOOL YEAR

STUDENT'S NAME _____ GRADE (entering) _____ BIRTHDAY ___/___/___

ADDRESS _____CITY _____ ZIP _____

HOME TEL. # _____NON-PUBLIC SCHOOL _____ TEL. # _____

Textbooks requested – Please be Specific – Do Not Guess
Give Proper Title, Publisher and Edition as furnished by your School

ISBN#	Title (please give exact title)	Author	Publisher & Address	Edition/Year

Application is hereby made for the loan of the textbooks listed above. I understand that all books loaned to my child are to be maintained in good condition and that if excessively damaged or lost, I must pay for such damage or loss. I also understand that at the end of the school year the books will be returned to the district, or if any child should move or transfer to another school, the books will be returned immediately to the Mount Pleasant Central School District.

DATE: ___/___/___ Parent or Guardian _____ _____

(Signature) (Print)

NON-PUBLIC SCHOOL OFFICIAL:

I certify that the books listed above are required in a particular class or program as a primary source of study material intended to implement a major part of an approved curriculum taken by the student listed above who is registered in the non-public school indicated above.

DATE: ___/___/___Signed: _____ Print: _____ Title_____

ALL REQUESTS MUST BE COMPLETE AND POSTMARKED OR RECEIVED NO LATER THAN JUNE 30th