

LOST TEXTBOOK/LIBRARY BOOK NOTICE

Pleasant Valley School District

Text/Library Book (circle correct category)

Date _____ School _____ Teacher _____

Name of Student _____ Grade _____

Name of Parent _____

Author (library book only) _____

Title _____

Publisher _____ Grade or Level (text only) _____

Cost of Replacement _____ Charges Assessed due to Damages _____

Please pay in School Office. Make checks payable to Pleasant Valley School District.
Grades, diplomas and transcripts may be withheld until payment is received.

Form# 6161.2 E-1

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