



***Please return this form to Mrs. Jones
in the library, by October 7, 2024**

I give my permission for the following student to participate in the 2024-25 Amazing Reading Challenge:

Student name

Teacher

Parent/Guardian

Phone #

Parent/Guardian email

By agreeing that my child can participate in the Amazing Reading Challenge, I understand I will be responsible to arrange transportation for my child to attend the after-school semi-final District Challenge (between late February and the first week in March 2025), and for the Final Challenge (March 2025), if necessary.

Parent/Guardian signature

Date

I understand that teams will be chosen by the librarian and teachers. By choosing to participate, I commit to reading at least one book, attending meetings during my lunch/recess once per week, and demonstrating good citizenship and teamwork.

Student signature

Date

Students – Please list up to three people you would like to have on your team (include last name and teacher). Final team selections will be made by Mrs. Jones & classroom teachers.

Name: _____ Homeroom Teacher: _____

Name: _____ Homeroom Teacher: _____

Name: _____ Homeroom Teacher: _____