

School Library Book Access Plan

Date Received: _____

Employee Receiving Document:

By completing this individualized School Library Book Access Plan, I understand that I am changing the level of access to the school library and classroom library for my child.

School: _____

Teacher: _____

Date to begin: _____

Date to end: _____

Student Name: _____ Student Grade: _____

Parent(s) Name(s): _____

Parent preferred contact (phone/email/ or address): _____

As the parent of _____, I wish to take full responsibility for the materials my child checks out of the school media center during the 2025 – 2026 school year. I understand that it is my parental responsibility to explain these restrictions to my child.

Please select (✓) one of the following library access options:

_____ I will list the titles and/or authors that my child cannot access. (Please attach list.)

_____ I will list the titles and/or authors for every book my child is allowed to access. (Please attach list.)

_____ My child cannot check out any book without my written permission. (Parents must write a note in the student's planner with the specific title and author of the book to be checked out.)

I understand that a note will be placed on my child's library account regarding this School Library Book Access Plan no later than five school days after the submission of this form.

Parent Signature

Date

This form should be submitted to the school media specialist.