



# Rankin County School District

TRADITION OF EXCELLENCE

BRANDON FLORENCE McLAURIN NORTHWEST PELAHATCHIE PISGAH PUCKETT RICHLAND

## Parent Permission - Book Check Out

PLEASE PRINT IN BLACK OR BLUE INK (no pencil)

School Name \_\_\_\_\_

Student's Name (PLEASE PRINT) \_\_\_\_\_ Student MSIS # (lunch #) \_\_\_\_\_

I, the undersigned parent/guardian, understand that my child is interested in checking out the following book and that the Rankin County School District requires PARENT PERMISSION in order to check the book listed below:

Title of Book

Author(s) of Book

### PARENT/GUARDIAN PERMISSION

I, the undersigned parent/guardian, do hereby grant permission to my son/daughter, to check out the following book(s) from the school library:

Parent/Guardian Name (PLEASE PRINT)

Parent/Guardian Signature

Date

### SCHOOL USE Only

Librarian's Signature

Principal's Signature

Date

Check this box after parent phone call verification of permission.