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 2026 – 2027 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.