

## **Textbook Contract**

Student Name:		Student ID Number:	Grade:
		Email:	
If you would like your ch	ild to have a textbook for a	class, please list the class below:	
<u>Teacher:</u>		Class/Title of Book:	
1.		1	
2		2	
3.		3	
4		4	
5		5	
I will treat the trea	extbook as an instructional replacement:  Writing in the textbook(s Damage of any form to the Sharing or loaning the text Removal of accession / IS	) ne textbook(s) ktbook(s) to other classmates	lowing misuse will result in my having to pay
I and my Parent or Guard	dian <b>AGREE</b> to the above cri	iteria and <b>ACCEPT RESPONSIBILITY</b> for ar	ny lost, stolen, or damages.
YES	NO		
		Date:	
Parent/Guardian Signature:		Date:	
This form must be signed issued.	d, returned to the library, ar	nd all outstanding textbook(s) and or calc	culator fees paid before textbooks will be