

# Kiski Area School District

## Borrowing Textbooks

200 Poplar Street, Vandergrift, PA 15690

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Books borrowed from \_\_\_\_\_ (name of school):

<u>Book(s):</u>	<u>Grade Level:</u>
<input type="checkbox"/> Math	_____
<input type="checkbox"/> Science	_____
<input type="checkbox"/> Social Studies	_____
<input type="checkbox"/> Reading	_____

The textbooks indicated above will be returned to the \_\_\_\_\_ School before the end of the \_\_\_\_\_ school year - no later than \_\_\_\_\_.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Employee

\_\_\_\_\_  
Date

BOOKS RETURNED \_\_\_\_\_  
Date

DISTRICT EMPLOYEE \_\_\_\_\_  
Signature or Initials