Harrison Central School District TEXTBOOK LOAN PROGRAM - BOOK REQUEST

Student Name: Parent Name: Student Address: Parent Email: Contact Phone Number: Stoden Name: School Name: BOOK INFORMATION BOOK INFORMATION Image: Contact Phone Number: ISBN# SUBJ GRADE TITLE AUTHOR PUBLISHER EDITION QTY PRI ISBN# SUBJ GRADE TITLE AUTHOR PUBLISHER EDITION QTY PRI ISBN# SUBJ GRADE Image: Contact Phone Number: Image:										
Contact Phone Number: School Name: BOOK INFORMATION	Student Name:	Parent Name:								
School Name: BOOK INFORMATION	Student Address:				Parent Email:					
BOOK INFORMATION	Contact Phone Number:									
BOOK INFORMATION	School Name:									
	BOOK INFORMATION									
Image: Sector of the sector		SUBJ	GRADE	TITLE	AUTHOR	PUBLISHER	EDITION	QTY	PRICE	
Image: Second										

Proof of residency is: _____ attached _____ on file at Harrison CSD

I understand that all books received are the property of the Harrison CSD and must be returned in the same condition as received by June 30 of the school year.

To be completed by Representative of Student's School:

The student noted is enrolled in the school indicated and the requested books are required by his/her assigned curriculum in the upcoming school year.

School

School Representative - Title (please print)

Signature - Date

Parent Signature - Date

SUBMIT BY JULY 1, 2021