South Colonie Textbook Request

Grades 9 - 12

To: District Office, South Colonie Central Schools, 102 Loralee Drive, Albany, New York 12205

Student's Name: _____ Grade (Next Year): _____ Birthday: ___/___/___

Address: (Num) _____ Street: _____ City: _____ Zip: _____

Home Tel. Num. _____ Non-Public School _____ Tel. Num. _____

District Office Use Only	Textbooks Requested - Please be specific. - Do not guess. Give proper title, publisher, order #, and edition as furnished by your school.				To be completed when books are handed out		
SCCSD ID #	Title (Please give exact title)	Publisher	Edition	Order #	Book #	Cond.	Parent Init'l

Application is hereby made for the loan of the textbooks listed above. I understand that all books loaned to my child are to be maintained in good condition and that if excessively damaged or lost, that I must pay for such damage or loss. I also understand that, upon request, the books will be returned to the school, or if any child should transfer to another school, the books will be returned immediately to the above named school district.

Date: ___/___/___ Signed: (Parent or Guardian) _____

I certify that the books listed above will be used in an approved course of study taken by this student who is registered in the non-public school district listed above.

Date: ___/___/___ Signed: (Official of Non-Public School) _____