

WEST WARWICK PUBLIC SCHOOLS
TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

STUDENT
NAME

LAST

FIRST

DATE

STREET

WEST WARWICK, RI 02893

PHONE #1

PHONE #2

SCHOOL

GRADE

E-MAIL

TITLE #1

SUBJECT

ISBN #

AUTHOR

PUBLISHER

© DATE

CONDITION

**REQUEST FOR TEXTBOOK LOAN
CONDITIONS**

Books will be issued only if they appear on the Approved List as published by the RI Department of Education. Unless all of the information requested under the Textbook section of the form is supplied correctly, West Warwick Public Schools cannot accept responsibility for resulting transactions

It is the responsibility of the borrower to return the book(s) undamaged, or pay for restitution.

Borrowers must return textbooks at the end of the school year. Failure to do so will jeopardize further lending of books.

Date Received/init.

Book Number

TITLE #2

SUBJECT

ISBN #

AUTHOR

PUBLISHER

© DATE

CONDITION

Date Received/init.

Book Number

PARENT/GUARDIAN AGREEMENT

**ACKNOWLEDGEMENT OF
TEXTBOOK CONDITION**

UPON MY RECEIPT

I acknowledge by my signature for each book the receipt of the book(s) and agree that I inspected the textbook(s) and have determined that the bookbinding is intact, there are no torn pages, and it is undamaged.

(Parent or Guardian)

TITLE #3 _____

SUBJECT _____

ISBN # _____

AUTHOR _____

PUBLISHER _____

© DATE _____

CONDITION _____

Date Received/init. Book Number

TITLE #4 _____

SUBJECT _____

ISBN # _____

AUTHOR _____

PUBLISHER _____

© DATE _____

CONDITION _____

Date Received/init. Book Number

TITLE #5 _____

SUBJECT _____

ISBN # _____

AUTHOR _____

PUBLISHER _____

© DATE _____

CONDITION _____

Date Received/init. Book Number

Extra Titles (if needed)

TITLE:	_____
SUBJECT	_____
ISBN #	_____
AUTHOR	_____
PUBLISHER	_____
© DATE	_____
CONDITION	_____
_____ Date Received/init. Book Number	

TITLE:	_____
SUBJECT	_____
ISBN #	_____
AUTHOR	_____
PUBLISHER	_____
© DATE	_____
CONDITION	_____
_____ Date Received/init. Book Number	