

BOOK RETURN FORM

STUDENT NAME	GRADE
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Book Return Instructions:

1. **Print** this form, and fill out **one form per student**.
2. Place the materials that you are returning in a plastic or paper bag.
3. Drive up to the **Brookhaven Road** entrance bus loop during one of the designated drop-off times below.
4. At the drop-off location, hand your bag of books **AND** this filled-out form to the staff member.

DROP-OFF TIMES

Friday, June 18: 7:30AM-3:00PM

Books returned

Please write the title(s) of the course **materials** that you are returning in the designated space below.

Teacher	Course Title	Book Title or Description of Materials
Block 1:		
Block 2:		
Block 3:		
Block 4:		
Block 5:		