

RETURN

AUTHORIZATION FORM 2010-11

STUDENT NAME: _____ **Grade:** _____

LIBRARY

I am aware that my child will be checking books out of the NMS Library during the school year. It will be my responsibility to pay for any lost or damaged books

ILLINOIS TEXTBOOK LOAN PROGRAM

Each year, our school applies for and receives textbooks and math/science materials for us in our school from the State of Illinois. The grant for these programs asks us to get permission to request these materials from the student or his/her parent as a condition for participation. Signing this permission slip allows the school administration to request these materials.

I give permission for my child to accept the loan of free textbooks as provided by the State of Illinois. I understand this request will remain valid so long as my child is enrolled in Nippersink School District 2 and that I may withdraw this request at any time.

Parent/Guardian Signature: _____ **Date:** _____

PUBLICITY

Do you give permission for your child's name/photo to appear in school-related information? This could include yearbook, school newspaper, local newspaper, district newsletters, school newsletters, district website.

Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____