

Parent/Guardian Name

## **SES LIBRARY MEDIA CENTER**

Students are able to check out books and bring them home for one week at a time. We are **NOT** charging students late fees for books not returned, but please work alongside the school in teaching responsibility and respect for the library books in their care.

Student Name	Date
By signing below, I acknow	rledge that I DO NOT authorize my child to check
,	vledge that I <u>DO NOT</u> authorize my child to check inderstand they will still have in-library access.

Parent/Guardian Signature

If you **DO NOT** want your child(ren) to bring home library books this

year, please complete the hottom section and return to homeroom