

Individualized School Library Access Plan

By completing this Individualized School Library Access Plan, I understand that I am opting to change the level of access to the school library for my child.

_____ Page: _____ of _____
School Date to begin: _____
Date to end: _____

Student Name: _____

Student Grade: _____

Parent(s) Name(s): _____

Parent preferred contact (phone/email/ or address): _____

As the parent of _____, I wish to take full responsibility for the materials my child checks out of the school media center during the _____ Indicate school year here. school year. I understand that it is my parental responsibility to explain these restrictions to my child.

Please select one of the following library access options:

_____ I will send a list of titles/ topics/ authors that my child cannot access.
(Please attach a list.)

_____ I will list the titles/authors for every book my child is allowed to access.
(Please attach a list.)

_____ My child will not check out library resources until further notice.

I understand that a note will be placed on my child's Destiny account regarding this Individualized School Library Access Plan.

Parent Signature

Date