



Dear Parents,

It's school time again and that means it's Library Time, too! I'm looking forward to a rewarding year as the School Librarian.

I'm excited to report our library books have all been scanned and labeled to align with our school wide Accelerated Reader Program. Your child will be coming to the library every week and will be allowed to have TWO books checked out at a time. The checkout period is two weeks.

Please note that students with overdue books will be charged 10 cents per day Tuesday through Thursday when school is in session. Books that are lost by the student must be paid for at the replacement cost.

The following rules help our library:

1. Noise and talking are to be kept to a minimum. Students should be looking for a book (or two) to check out.
2. There will be no running, pushing or grabbing books from other students. Should such actions take place, the student will be asked to leave the library. The student may also have his/her library privilege taken away.
3. Please encourage your child to take care of the books - remember these are your library books.
4. **If** a student has books lost, overdue or fines, he/she will not be allowed to check out new books until **overdue fines or lost book charges are paid, or over due books turned in.**
5. Please do not loan or borrow another students Library book. If you do the student who checked it out will be responsible for any damages, fines or lost book.

Please sign and return the attached form stating that you will **assume responsibility for your child's overdue or lost books.** Your child should review and sign the slip below, also. **Books cannot be checked out until the slip has been signed and returned.**

Please cut off and return the bottom of this form to me on the Fall Processing Day and save this letter for reference.

Sincerely,
Mrs. Pauline Alipio, Librarian



Student's Name: _____ Grade: _____ Room #: _____

I give my child permission to use the WCCS library. I promise to pay all fines and obey all the rules of the WCCS library.

Parent's Signature: _____ Child's Signature: _____

Address: _____

City _____ Zip _____

Cell Phone _____ Home Phone _____