

PVHS Book Collection

19/20 SY

Student Name (printed): _____

Grade: _____

Please list the subject, title, teacher, and book number for each textbook you are turning in.
Library books do not belong on this form.

Subject	Title	Teacher	Book Number

Student Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Staff Member Confirming Book Numbers: _____ Date: _____

Total Books Returned: _____