

NAME THAT BOOK REGISTRATION 2024-2025

Please fill out the form below. Remember to print neatly and large enough to read. You may be asked to fill out an online form next fall.

Student Information

Name: _____

Grade: _____ Homeroom Teacher: _____

Primary Contact Information:

Name: _____

Phone: _____ Email: _____

Relationship to student: _____

Secondary Contact Information:

Name: _____

Phone: _____ Email: _____

Relationship to student: _____

Please Initial The Following Statements:

_____ My child will return books weekly

_____ My child will turn in quotes weekly during the after school meetings. (Guidance on how to prepare quotes will be provided.)

_____ I understand that my child and I are fully responsible for returning borrowed books in similar conditions as to when the books were borrowed.

_____ I can/ can't (circle one) help with NTB.

For comments, questions, or concerns, please email Mr. Villarreal, Media Services Specialist at raziel.villarreal@houstonisd.org

Parent(s) signature

Printed Name: