

# School Library Book Access Plan

Date Received: \_\_\_\_\_

Employee Receiving Document: \_\_\_\_\_

**By completing this individualized School Library Book Access Plan, I understand that I am changing the level of access to the school library and classroom library for my child.**

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

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 2023 – 2024 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 list the titles and/or authors that my child cannot access. (Please attach list.)

\_\_\_\_\_ I will list the titles and/or authors for every book my child is allowed to access. (Please attach list.)

\_\_\_\_\_ My child cannot check out any book without my written permission. (Parents must write a note in the student's planner with the specific title and author of the book to be checked out.)

**I understand that a note will be placed on my child's library account regarding this School Library Book Access Plan no later than five school days after the submission of this form.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*This form should be submitted to the school media specialist.*