



Summer Reading Class Roster Form

Please send with cover sheet. **Faxes MUST be received by 5 p.m. Friday, May 15, 2009**

TEACHER NAME: _____ GRADE(S): _____

SCHOOL NAME: _____

INSTRUCTIONS

Instead of using this class roster form, you may fax us a copy of your own class roster. If you do this, please follow the same instructions listed below.

- Please legibly PRINT the first and last names of your students below. (If having the students print their own names, please be sure they are readable before faxing.)
- If your class is comprised of more than one grade level, please write the appropriate grade level by each child's name.

FIRST NAME	LAST NAME	GRADE
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