Permission Slip

Student Name: ____________________________________________________________

Classroom Teacher: ______________________________________________________

The student listed above agrees to participate in the Battle of the Books program. By signing below, the student agrees:

1) to make every attempt to read at least 5 of the 10 books on the Battle of the Books official list by Friday March 23, 2018.
2) to turn in 10 questions for each book read
3) to attend meetings on specified Tuesdays after school from 2:30-3:30 in the Ms. Weaver’s room

Battle of the Books meeting dates:

The winning team will attend the District Battle on Mon. April 30, 2018 at 5:15 PM at Meridian Elementary.

ALL students in Battle of the Books will come to a Celebration and Awards meeting on Tuesday, May 1st from 2:30-3:30.

The signature of a parent or guardian is required to verify that the family is aware of the expectations. It is the responsibility of the parent to ensure that the students are picked up from the meetings on time. Students who miss more than two meetings could be removed from the program. For all official competitions, the Adams 12 Battle of the Books rules and policies will apply. Good sportsmanship is considered an essential part of the program.

The book list is carefully chosen by a panel of Adams 12 librarians and teachers to be a well-rounded list of quality literature. The list includes multiple genres and challenges students to broaden their horizons, consider different perspectives, and expand their worldview. Families are advised to consider if the reading list is appropriate for their student before signing up for this optional reading club.

If a student is going to be absent, please let us know ahead of time if possible. Attendance is taken at meetings and parents are notified if a student seems to be missing.

Student Signature: ________________________________ Classroom Teacher____________________

Parent Signature: ________________________________

CONTACT INFORMATION IN CASE OF AN EMERGENCY

Parent Name: __________________________________________________________

Phone Number(s): (home) ________________________________________________
 (cell) __________________________________________________________

Please return form by November 7 to Ms. Weaver or Mrs. Loesel. Thanks!