

Just 4 Media Center
Mrs. Rhonda Smith
Parent Responsibility Form

Print Child's Name: _____

Print Teacher's Name: _____

Print Parent's Name: _____

Address: _____

Phone: () _____

I agree to adhere to the following guidelines when checking and using books and materials from the Just 4 Media Center.

- READ TO MY CHILD EVERY DAY
- KEEP BOOKS CLEAN
- KEEP BOOKS AND MATERIALS IN A SAFE PLACE
 {SO THEY WILL NOT GET WET OR STAINED}
- RETURN BOOKS PROMPTLY ON THEIR DUE DATE

I understand that I am responsible for any damage or lost books or material that are checked out in my name.

Parent Signature: _____

Date: _____