

OASIS LIBRARY CHECK-OUT FORM ***This is a live Form. Please Click “File” and then “Make a Copy” then fill the copied version out.**

Family Name: _____ Date: _____

Teacher Name: _____

Title	Subject (<i>ex: Math, Science, etc.</i>)	Student/s	Barcode Number	Currently Available?

I understand that these books are the property of OISD and need to be returned to OASIS upon completion or at the end of the year. If these materials are lost or damaged, I agree to pay the replacement cost to OISD.

Signature _____