

Book Approval Form

September: Fiction

Student Name _____

Book Title _____

Book Series (if applicable) _____

Author _____

Book is:

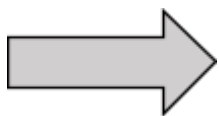
☐

Approved

☐

Not Approved

Teacher Signature _____



You must turn in **this** signed form with your final book report to get full credit.

