

# BOYERTOWN AREA SCHOOL DISTRICT

Boyertown, Pennsylvania 19512

## Junior High West Center Reading Requirement Verification Form

Student Name \_\_\_\_\_ School Year \_\_\_\_\_  
Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Title and Author	Category (Circle)			Parent or Teacher Verifying
1. _____	F	NF	AB/B	_____
2. _____	F	NF	AB/B	_____
3. _____	F	NF	AB/B	_____
4. _____	F	NF	AB/B	_____
5. _____	F	NF	AB/B	_____
6. _____	F	NF	AB/B	_____
7. _____	F	NF	AB/B	_____
8. _____	F	NF	AB/B	_____
9. _____	F	NF	AB/B	_____
10. _____	F	NF	AB/B	_____

Dear Parent/Guardian,

Your signature verifies that your son/daughter has read the book indicated and that you have discussed it with him/her. When this form is completed with all ten books, please be sure your child gives it to his/her homeroom teacher so that credit is given for the reading assignment.

Thank you for your cooperation and support in this team effort!

The Staff at Boyertown Junior High West