

St. Christopher's School
15 Pershing Blvd.
Baldwin, NY 11510
516-223-4404

NEW YORK STATE TEXTBOOK ACT APPLICATION FORM

Participating School District (BOCES)

Please PRINT

NAME _____

ADDRESS _____

Street address

city state zip

HOME # _____

GRADE/ SEPTEMBER _____

Parental Certification

I understand that all books loaned to my child by the above name school district through the BOCES loan program are to be maintained in good condition and that said child must pay the replacement value for the loan or excessive damage to said books. If my child should transfer to another school, said textbooks will be returned immediately. All workbooks are the property of the child.

Parent/Guardian Signature

Date

Student Certification

I understand that all books loaned to me by the above named school district through the BOCES loan program are to be maintained in good condition.

Student Signature

Date