2019-20 STUDENT READING TRACKING SHEET

Student Information

Student Name:
Grade:
School Name:
Teacher Name:

DATE	TITLE OF BOOK	NUMBER OF MINUTES READ	PARENT/GUARDIAN/ TEACHER INITIALS
	Student Grand Total Minutes:		

Parental/Guardian Consent

I am the legal parent or guardian of _____ and hereby give permission for my child to participate in the Read to Achieve program.

I understand that the LA Clippers will not use my child/ward's name and grade information for any other purpose than to award prizes.

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____