

## Reading Program Extra Credit Form

Student First and Last Name: \_\_\_\_\_

School Year: \_\_\_\_\_ Quarter: \_\_\_\_\_

**Book 1:** \_\_\_\_\_

Author: \_\_\_\_\_

Course: \_\_\_\_\_ Book point value: \_\_\_\_\_

**Book 2:** \_\_\_\_\_

Author: \_\_\_\_\_

Course: \_\_\_\_\_ Book point value: \_\_\_\_\_

**Book 3:** \_\_\_\_\_

Author: \_\_\_\_\_

Course: \_\_\_\_\_ Book point value: \_\_\_\_\_

**Book 4:** \_\_\_\_\_

Author: \_\_\_\_\_

Course: \_\_\_\_\_ Book point value: \_\_\_\_\_

**Book 5:** \_\_\_\_\_

Author: \_\_\_\_\_

Course: \_\_\_\_\_ Book point value: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_