

Dear Students, Parents, and Caregivers:

Again this year, Brunswick Junior High strongly recommends that students read at least two books over the summer. We encourage students to consider reading any book that matches interests with an appropriate reading level. The Curtis Memorial Library, with its summer reading program, is a terrific resource. Another option may be to follow along with a book while listening to it on a C.D.

Students, when you finish each book, all you have to do is fill out the short form below and have your parent or guardian sign to indicate that you have been seen reading it. During the first week of school, your teacher will ask you to pass in the form. In case you misplace it, the form will be available on the B.J.H. school website. You will also find book lists on the school website. Happy reading!

BJHS Teachers

Your name _____ **Your team in September** _____

Book #1:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Book #2:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Congratulations! You have done a great job! Use the back of this form to record more books.

Book #3:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Book #4:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Book #5:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Book #6:

Title: _____ Number of pages: _____ Circle one:
fiction / nonfiction

Author: _____ Rating: _____ (1-10, with 10 the best)

I finished this book on _____ (date).

Student signature

Parent/Guardian signature

Did you read more than 6 books? If so, please record the information on another page.

