



Library Media Services

Clay County District Schools

Elementary Library Book Access Level Form

By completing this individualized School Library Access Level form, I am choosing the level of access that I wish for my student to have in regards to library books. Parents and guardians should complete a form each school year for EACH student.

Please complete this form and return it to your child's library.

Student Name: _____

Student Number: _____ Student Grade: _____ School: _____

Parent(s)/Guardian(s) Name(s): _____

Parent preferred contact (phone or email address): _____

SECTION 1: Access Level Library Selection

I, the parent/guardian of the above listed student, request the following option(s) for my student related to their access to library books. Please select all that apply.

- General access:** General access provides your student with access to check out library books. Even though the Media Specialists are proactive in ensuring that students check out age appropriate books, there are books in the library that range in interest levels. Both from a reading level and subject content, the appropriateness of individual titles are unique to each child's ability and family values. Books in the elementary library range from Kindergarten through 6th grades and may contain content that is not appropriate for all ages.
- Limited access:** I wish to take full responsibility for the materials my student checks out of the school media center. I understand that it is my parental responsibility to explain these restrictions to my student. I wish to limit my student's **access to certain books** in the library. Select one below:
 - I have attached a list of titles/topics/authors my student is **not allowed** to check out.
 - I have attached a list of titles/topics/authors for every book my student **is allowed** to access.
- No access:** My student is **prohibited** from checking out books from the media center.

SECTION 2: Email Notification of Check-outs

You may also opt to receive daily afternoon emails listing materials checked out by your student. Please select the option that works best for you.

- YES!** I would *LIKE TO* receive a daily email listing the books checked out by my student. You may receive an email even if your student has not checked out a book.
 - Please send the daily notifications to the following email address:
(email address) _____
- NO!** I would *NOT* like to receive daily email listings of the books checked out by my student.

Parent Signature

Date

Please return the completed form to your child's school library.