



2015 Reading All-Stars Program

To Be Completed and Returned to the teacher by March 20th.

School: _____

Name (print first & last name): _____

Teacher: _____

Grade: _____

Book Title and Author	Date Started	Date Finished	Parent, Guardian, Or Teacher Initials
1.			
2.			
3.			
4.			
5.			

Student Signature

