

OASIS LIBRARY CHECK-OUT FORM

Family Name: _____ Date: _____

Teacher Name: _____

Title	Subject <i>(ex: Math, Science, etc.)</i>	Student/s	ISBN Number	Currently Available?

I understand that these books are the property of OISD and need to be returned to OASIS upon completion or at the end of the year. If these materials are lost or damaged, I agree to pay the replacement cost to OISD.

Signature _____