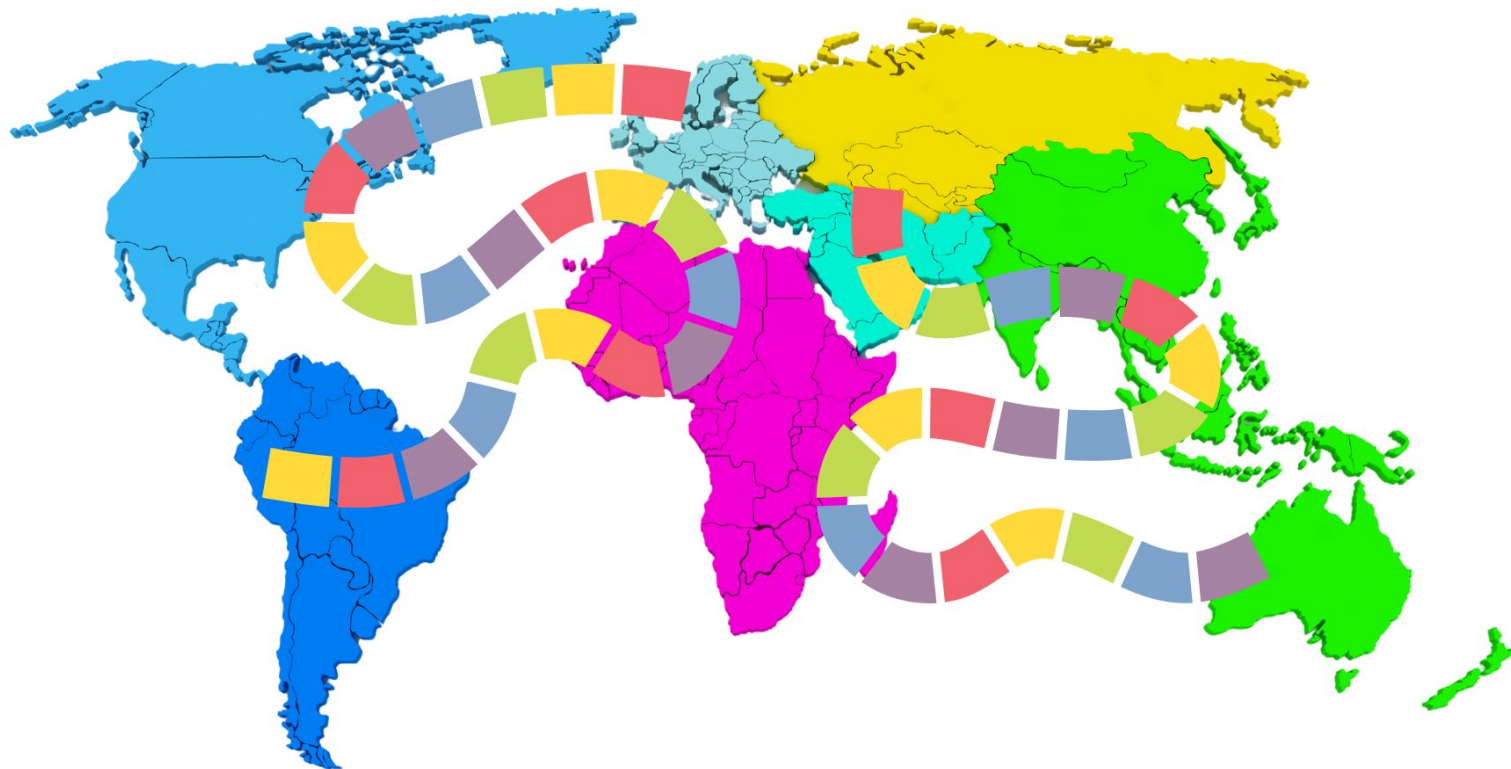


Where will reading take you this summer?

Put a check (✓) in a square for every 15 minutes you read .



First Name _____ Last Name _____ 2025-2026 Teacher _____

Parent/Guardian Signature _____

Return this form to Media Center by Aug.8