

# Lowndes County Public Schools Student Textbook Distribution Form

School Year \_\_\_\_\_ School \_\_\_\_\_ Principal \_\_\_\_\_

Teacher \_\_\_\_\_ Textbook Title \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name	Book Number	Student's Signature	Issued Date/ Condition*	Returned Date/ Condition **

Teacher Signature \_\_\_\_\_

\*Condition N-New, F-Fair, P-Poor  
\*\* Condition N-New, F-Fair, P-Poor, L- Lost