

HIGHLAND PARK ELEMENTARY LOST OR DAMAGED BOOK PAYMENT AGREEMENT

To the Parents or Guardians of _____

Teacher's Name _____

Grade Level _____

Title of Book _____

We/I agree to make payment of no less than \$ _____ per week until the amount of \$ _____ is paid in full. We/I also understand my child will be allowed to checkout books in the Highland Park Library Media Center with regular library privileges as long as payment is made each week. If we/I do not make weekly payments, my child's library privileges will be subject to suspension until payments are resumed. A signed payment receipt will be sent home weekly to us/me.

We/I understand that if the lost book is found *in good condition* after payment is completed, the replacement fine will be returned to me by Highland Park Elementary School.

Signed: _____

Date: _____