



# TEXTBOOK LOAN FORM

CAPITAL REGION BOCES  
900 Watervliet Shaker Road  
Albany, NY 12205

To be completed by Parent or Guardian  
[www.capitalregionboces.org/textbooks](http://www.capitalregionboces.org/textbooks)  
**This Form is DUE: June 1**

FOR ADDITIONAL INFORMATION CONTACT  
John Florussen or Mark English  
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To: \_\_\_\_\_ Non-Public School: \_\_\_\_\_  
(School District of Residence)  
Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ NY \_\_\_\_\_  
(Street and Number) (City) (Zip)  
Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
(By including your email you consent to receive emails regarding your child's textbooks from the Capital Region BOCES)

Application is hereby made for the loan of the textbook materials listed below. I understand that all books are to be maintained in good condition, and that, if damaged or lost, the book(s) will be replaced at my expense. I also understand that the books must be returned to the Capital Region BOCES or any official designated as the custodian thereof upon request. If my child should transfer to another school, the books will be returned to the Capital Region BOCES or I will make arrangements with the BOCES for their return.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

AFTER COMPLETION OF THIS FORM, NOTIFY US IF THERE IS A COURSE CHANGE, OR IF THE STUDENT WILL NOT ATTEND THIS SCHOOL. YOUR DISTRICT MAY REQUIRE THAT YOU REGISTER YOUR CHILD WITH THEM. CONTACT THE REGISTRAR, OR CALL US FOR CONTACT INFORMATION. **PLEASE FILL IN ALL COLUMNS BELOW:**

Course/Subject	ISBN	Publisher	Title

**NON-PUBLIC SCHOOL OFFICIAL:**  
I certify that the books listed above are required in a particular class or program as a primary source of study material intended to implement a major part of an approved curriculum taken by the student listed above who is registered in the non-public school listed above.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_