

## **OASIS READING HELP APPLICATION**

School:			Zip:_		
	Teac	Teacher:		Grade:	
Parent/Guard	dian's Name:				
	dian's Address:				
	Home	Work		Cell	
Parent's Fm:	ail:				
archit 5 Emit	и			_	
	EMERGENCY CONTA	CT (in case parent cann	not be reached)	):	
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Name		Phone(s)_			
Name					
Name		Phone(s)_			
Name	Relationship to Child:				
Name	Relationship to Child: Library Choices: please	select all convenient loc	ations		
Name	Relationship to Child: Library Choices: please	select all convenient loc  Quincie Douglas Libra	ations		
Name	Relationship to Child:  Library Choices: please  Dusenberry Library  El Puelbo	Select all convenient loc  Quincie Douglas Libra  Sam Lena	ations <sub>ary</sub>		
Name	Relationship to Child:  Library Choices: please  Dusenberry Library  El Puelbo  Eckstrom-Columbus Library	Select all convenient loc Quincie Douglas Libra Sam Lena Valencia Library	ations		
Name	Relationship to Child:  Library Choices: please  Dusenberry Library  El Puelbo  Eckstrom-Columbus Library  El Rio Library/Neighborhood Center	Select all convenient loc  Quincie Douglas Libra  Sam Lena  Valencia Library  Wilmot Library	ations		
Name	Relationship to Child:  Library Choices: please  Dusenberry Library  El Puelbo  Eckstrom-Columbus Library  El Rio Library/Neighborhood Center  Miller-Golf Links Library	Select all convenient loc  Quincie Douglas Libra  Sam Lena  Valencia Library  Wilmot Library  Woods Memorial Libra	ations		
Name	Relationship to Child:  Library Choices: please  Dusenberry Library  El Puelbo  Eckstrom-Columbus Library  El Rio Library/Neighborhood Center	Select all convenient loc  Quincie Douglas Libra  Sam Lena  Valencia Library  Wilmot Library	ations ary		