

BOOK APPLICATION

FIRST NAME		LAST NAME		#
5A 5B (Circle One)	SEMESTER:	BOOK ____ OF 4	MY CURRENT LEXILE LEVEL:	

BOOK TITLE			
AUTHOR			PAGES
<u>BOOK WIZARD</u> LEXILE MEASURE	<u>BOOK WIZARD</u> INTEREST LEVEL	<u>BOOK WIZARD</u> GRADE LEVEL EQUIVALENT	<u>BOOK WIZARD</u> THEMES/ SUBJECTS
<u>BOOK WIZARD</u> GENRE:	<input type="checkbox"/> Realistic Fiction <input type="checkbox"/> Fantasy <input type="checkbox"/> Mystery <input type="checkbox"/> Sports <input type="checkbox"/> Nonfiction <input type="checkbox"/> Biography <input type="checkbox"/> Science Fiction <input type="checkbox"/> Humorous <input type="checkbox"/> Adventure <input type="checkbox"/> Classics <input type="checkbox"/> Historical Fiction <input type="checkbox"/> Other		
BOOK SUMMARY:			
Why do you want to read this book?			
Where did you get this book?			

What was the last book you read? Did you enjoy the book? Why or why not?	
When and where do you normally read?	
READING GOAL (Divide the number of pages by approximately 12=days or 3=weeks) "I will read approximately _____ pages a _____."	How will you accomplish your Reading Goal?

SRC TEST DUE DATE:	BOOK PROJECT DUE DATE: (Projects & Dates Subject To Change)
---------------------------	---

<i>"I declare that I have not read the above book choice as of yet. I have also checked to see if there is an SRC Test on my book choice. I will pace out my reading so that I am able to meet the current deadlines."</i>	
STUDENT SIGNATURE:	DATE:
PARENT SIGNATURE:	DATE:

OFFICE USE ONLY: SRC GRADE _____ BOOK PROJECT GRADE: _____ BOOK REVIEW _____ BIBLIONASIUM BOOK SHELF _____
NOTES: