



Reading Log

STUDENT NAME _____

STUDENT'S ADDRESS _____ CITY _____ ZIP _____

SCHOOL _____

LIBRARIAN'S SIGNATURE _____

TEACHER'S SIGNATURE _____ DATE COMPLETED _____



	BOOK TITLE	MINUTES READ	PARENT SIGNATURE
March 1, 2013			
March 2, 2013			
March 3, 2013			
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