



Valley Heights Christian Academy
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TEXBOOK REQUEST FORM

Please **PRINT** information and complete the entire form. Thank you

Student's Name

_____ Grade: _____
First Middle Last

Home Address: _____

Phone Number: _____

Name of Public School District: _____

I hereby request the loan of textbooks in the name of the above-mentioned students. I authorize Valley Heights Christian Academy to identify and order books for the above student's use. I understand that all books loaned to this student by the above named public school district are to be maintained in good condition and that said student must pay for the loss of or excessive damage to said books.

Signature of parent or guardian

Date

This form will be kept on file in the main office for the duration of the student's enrollment and only needs to be filled out once.
