

FIRST & LAST NAME: _____

GRADE: _____

BCS Elementary School

Summer Reading Log

Complete and turn in to the Elementary Office **(NO LATER THAN FRIDAY, August 22, 2025)**

NO AUDIO BOOKS

Book Title:		Number of Pages read: _____
Author :		Number of Pages in Bk: _____
Student Signature:	Parent Signature:	
Signatures of Parent and Student verify the information above is correct		

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