**Library helpers**

**Please send this form back to school in an envelope marked “Library helpers” and have your child hand it in to their teacher.**

1. I can cover books at home for the library
   Name............................................................................................................
   Eldest child’s name and class ...........................................................................

2. I can shelve books in the library every week
   Name............................................................................................................
   Telephone Number........................................................................................
   Eldest child’s class.........................................................................................

Please circle your availability time from the options given

Wednesday at 8.45am or 3.15 pm
Thursday at 8.45am or 3.15 pm
Friday at 8.45am