

AP Literature Summer Reading Student Choice Novel

Permission Slip

Name: _____

Date: _____

Title of Book: _____

Author: _____

****Please review the content of your book with your parent(s) for suitability of its content. I recommend using a site like PluggedIn or CommonSenseMedia.****

By signing below, I acknowledge that my son/daughter has shared with me the book he/she would like to read, and I have reviewed the book for suitable content. I accept responsibility for reviewing the content of the book, and I understand the extent of any mature content in the book. I now give permission for my son/daughter to read the book stated above for his/her summer reading student chosen novel.

Signature: _____

Date: _____

Signature: _____

Date: _____