

READ FOR A LIFETIME

Student participation form

2008-2009 School Year

Name of School _____ City _____

RFLT Coordinator _____ Title _____

Please **PRINT or TYPE** the name and current grade level of each student participating in Read for a Lifetime. For additional space, please feel free to copy page two as needed. **Please circle the name of any senior who is participating in the program for the fourth consecutive year.** Return this form to Jeanne Urbanek at the Illinois State Library, no later than **October 24, 2008**. The address is 300 S. Second Street, Springfield, Illinois 62701-1796. The fax number is 217-782-1877. Email: jurbanek@ilsos.net

Name _____ Grade _____

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