

 <p><b>THE LAWSON ACADEMY</b></p>	<p align="center"><b>Teacher Textbook Record Form</b></p>
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*Please complete this form in its entirety. Please complete ONE FORM for EACH TEXTBOOK you use.*

**\* Required**

Teacher Last Name\* \_\_\_\_\_

Teacher First name\* \_\_\_\_\_

Title of Textbook\* \_\_\_\_\_

ISBN#\* \_\_\_\_\_

Number of textbooks (for this title) in your classroom\* \_\_\_\_\_

Number of textbooks (for this title) damaged, lost, or stolen\* \_\_\_\_\_

Number of textbooks (for this title) issued to students\* \_\_\_\_\_

Number of textbooks (for this title) remaining\* \_\_\_\_\_

Where are these textbooks located?\* \_\_\_\_\_

Room Number\* \_\_\_\_\_

Is the Teacher Edition in your possession and located in your room?\*     Yes  No

Any other information about this title that needs to be documented at this time?