

Souderton Area High School
Summer/Pre-Course Independent Reading
Alternative Book Approval Form

Student's name _____

Current English class _____

English class scheduled for next year _____

Proposed alternative book title _____

Proposed alternative book author _____

Reason for alternative choice

Parent's signature _____ Date _____

Teacher approval: ____Yes ____No

If no, why

Teacher signature _____ Date _____

***Teachers, please retain this form for your records**

**Please return completed form to Dr. Stacey Aronow, English Department
Coordinator at saronow@soudertonsd.org.**