



Plattsburgh High School

1 Clifford Drive
Plattsburgh, New York 12901
Phone (518) 561-7500
Fax (518) 561-1895

Donald Merrick, *Interim Principal*
Glenn Hurlock, *Assistant Principal*

Summer Reading Project – Grade 9

Student name: _____

Students are required to read a minimum of two books during the summer. Please indicate the titles and authors of the works your child has read. A parent's signature verifies that the student has read the book.

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____



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Summer Reading Project – Grade 10

Student name: _____

Students are required to read a minimum of two books during the summer. Please indicate the titles and authors of the works your child has read. A parent's signature verifies that the student has read the book.

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____



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Summer Reading Project – Grade 11

Student name: _____

Students are required to read a minimum of three books during the summer. Please indicate the titles and authors of the works your child has read. A parent's signature verifies that the student has read the book.

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____



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Summer Reading Project – Grade 12

Student name: _____

Students are required to read a minimum of three books during the summer. Please indicate the titles and authors of the works your child has read. A parent's signature verifies that the student has read the book.

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____

Title of book: _____ Author: _____

My child has read this entire book for his/her summer reading project.

Parent/Guardian Signature: _____ Date: _____



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