



## School Request for a Sunshine Reader

Name of School \_\_\_\_\_ School's Phone  
Number \_\_\_\_\_

School District

School Address with zip

Your name and title

Your phone # \_\_\_\_\_  
mail \_\_\_\_\_

Your e-

Name of Principal

Who will be the contact person at the school for placing a reader if not the same as above?

Name \_\_\_\_\_ Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Grades at this school (i.e K-5)

Title I Yes \_\_\_\_\_ No \_\_\_\_\_