Educational Lending Right 2011-12 School Library Survey

Agreement to participate if required by your school

Principal:

_____________________________________

Principal signature:

_____________________________________

Library contact:

_____________________________________

Library System:

_____________________________________

School Name:

_____________________________________

School Address:

_____________________________________

State: 

Postcode: 

Telephone:

_____________________________________

Email:

_____________________________________

ELR does not require this form for schools to participate.

Please return signed form if required by your school:

• fax 03 9910 9800
• post in envelope provided in package or to:

  ELR, Education Services Australia
  Reply Paid 177
  Carlton South, Vic, 3053

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