Educational Lending Right School Library Survey

AGREEMENT TO PARTICIPATE

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.

If required by your school, return form signed;

- fax 03 9910 9800
- reply paid post to;
  ELR, Education Services Australia
  Reply Paid 177
  Carlton South, Vic 3053

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