



# Lake Elsinore Unified School District

## LIBRARY POLICIES - ELEMENTARY

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**Assistant Superintendent  
Administrative & Educational  
Support Services**

Kip Meyer  
**Assistant Superintendent  
Personnel Support Services**

Sam Wensel  
**Executive Director  
Personnel Support Services**

Dear Parents and Guardians,

The library's goal is to foster a love of reading, encourage inquiry and help students become life-long learners. The LEUSD libraries provide library books for all levels of readers on many different subjects, as well as the required textbooks. As part of the curriculum all students will have the chance to visit the library with their class to check out books.

Students may check out library books provided they have no overdue books or outstanding fines. If a student loses or damages a library book or textbook, parents are responsible for the following fees:

- Lost books: Current replacement cost of the book
- Water damage: Current replacement cost of the book
- Extensive damage or missing pages: Current replacement cost of the book
- Damaged cover: \$5 and up
- Soiled or torn pages: \$2 each page

If students do not return their library books and/or textbooks or fail to pay for lost or damaged materials they will be billed per Board Policy 6162.2(a) and Ed. Code 48904.3 and their grades, transcripts or diplomas may be withheld.

Please help make visiting the library a highlight of your child's school experience by:

- Reading to your child daily or by setting aside a time for older children to read daily.
- Talk to your child about the books they are reading.
- Keeping library books in a safe place or book he/she is reading.
- Helping your child remember to bring their library book back on their class' library day.

If you have any questions, please contact your school library or Instructional Support Services at 951-253-7012.

I have read the above policies and agree to pay for any lost or damaged library books and textbooks. I understand that failure to do so may result in my child's report card, transcripts or diploma being withheld.

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student's full name \_\_\_\_\_ Teacher/Room # \_\_\_\_\_

1/9/13

**(951) 253-7000**

545 Chaney Street  
Lake Elsinore, CA 92530

www.leusd.k12.ca.us