

Learner Issuance / Distribution Register Contract

NAME OF SCHOOL							EMIS				
NAME OF LEARNER											
GRADE		CLASS TEACHER				ACADEMIC YEAR		2024			
NO	SUBJECT	TITLE OF TEXTBOOK	PUBLISHER	ISBN	BOOK NUMBER	ISSUED DATE	RETURNED	LOST	DAMAGED	REPLACEMENT VALUE	REPLACED
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

I, (full names), the parent / guardian of..... (full names of the learner) in Grade....., hereby accept responsibility of the resources allocated to my son / daughter . I agree to pay for the replacement value of the textbooks / resources should they be stolen, lost or damaged.

I, (full names of the learner) , the learner in Grade..... agree to take care of the textbooks assigned to me and return them in the condition they were supplied to me.

.....
Parent signature

.....
Learner signature

.....
Teacher signature

School Stamp

