

BOOKMARK TEMPLATE

Please create illustration inside rectangular template below

STUDENT NAME (FIRST AND LAST)

TEACHER NAME (FIRST AND LAST)

TEACHER PHONE NUMBER

TEACHER EMAIL

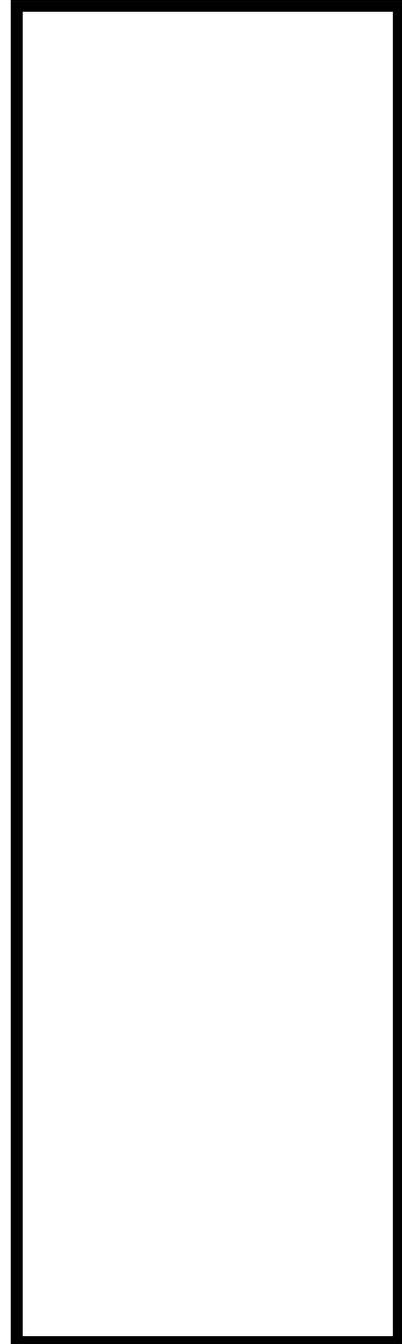
STUDENT AGE & GRADE LEVEL

SCHOOL NAME

SCHOOL CITY

DESCRIPTION OF BOOKMARK DESIGN

PARENT OR GUARDIAN'S SIGNATURE (REQUIRED)



**If student is schooled at home please substitute parent or legal guardian contact information for teacher contact information.*