



*Holy Trinity  
Catholic School*

108 South Linden, Westmont, IL 60559  
(630) 971 - 0184

**STUDENT REQUEST FOR THE LOAN OF TEXTBOOKS**

I hereby request the Loan of secular textbooks in accordance with Public Act 79-961 of 1975. I understand that this request will remain valid so long as my son/daughter is enrolled in Holy Trinity School and that I may at anytime withdraw this request.

\_\_\_\_\_ in \_\_\_\_\_,  
Public School District you reside in                      City                      County

\_\_\_\_\_ Signed \_\_\_\_\_  
Student's Name (PLEASE PRINT)    Parent/Guardian

Date \_\_\_\_\_

|                            |
|----------------------------|
| For School Use Only        |
| Date of Student Transfer   |
| _____                      |
| Date of Student Graduation |
| _____                      |