

# Reading List ~ Quarter 4

Name \_\_\_\_\_

Due Dates: Choice: \_\_\_\_\_

Required: \_\_\_\_\_

Genre	Title	Author	Date begun	Date ended	Pages	Parent signature
*Science Fiction	_____					
*Other Culture (realistic fiction)	_____					
* Horror/ Thriller	_____					
* Fantasy	_____					
Classic (Required)	_____					

\* You must include books from at least one of these genre.

In order for Adon Ross to be sure your parents are aware of this reading plan, please take the explanation home, discuss it, and have them sign below.

\_\_\_\_\_

(Parent Signature)

\_\_\_\_\_

(Date)