

Cook Middle School
Parent Locker Request Form
2019-2020

Student Name:	ID:	Grade:
---------------	-----	--------

I would like to request a locker for my student. I understand that my student is responsible for keeping his/her locker combination private. Also, I understand that my student is responsible for keeping the locker clean and orderly. Lastly, if there are any damages to the locker, I understand my student will ensure charges for those damages.

Briefly describe the reason for your locker request. If this request is based on a medical need, documentation will need to be attached.

Parent Name	Parent Signature	Contact Phone #
-------------	------------------	-----------------

Please return this form to the Front Reception Desk or Assistant Principal Office.
Or you may email Carla Villyard, 7th grade Assistant Principal at carla.villyard@cfisd.net
Please call (281)897-4400 if you have any questions.



For AP Office Use Only

Date request was received: _____

Approved: Yes or No

Date locker was assigned: _____

Locker # assigned: _____