



School

For Office Use Only
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(Please Print)

School's Name: _____

Teacher's Name: _____ Grade: _____

Do you already have a Grande Prairie Public Library Membership?
Yes/No

Student's Name: (last) _____

(first) _____ (init.) _____

Address: _____

Community: _____

Postal Code: _____ male or female **(please circle one)**

Phone (Bus.): _____ (Home) _____

Phone (Cell): _____

Email: _____

School

(Parents must sign for children 14 and under)

- I hereby agree to obey all rules and regulations of the Library.
- I hereby agree to pay promptly all charges against me for damage or loss of material.
- I will inform the library, immediately, if my card is lost or stolen.

(please print clearly)

I prefer to be contacted by: **(please circle one)** phone or email

Name of Parent/Guardian: _____

(please print)

Signature: _____

Date: _____

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