



FAMILY LIBRARY CARD APPLICATION

Family Last Name: _____ Date: _____

Parent First Name(s): _____

Street Address: _____ City: _____

Phone number: _____

E-mail address: _____

Student Name (First and Last)

Homeroom Teacher

By checking out library books from the Harrison School library, we agree to take good care of them and return them in the same condition that the books were in when we checked them out. If a book becomes damaged beyond repair while in our care, we agree to pay the fine to have it replaced. We also agree to return the books on time, or to renew the books at the library if we need them longer than the two week loan period. Books that are more than one week overdue will be fined \$0.50 per week each.

Signature of Parent(s): _____

Signature of Student(s): _____

For library use only

Library card number _____ Date _____