



School Registration Form

PLEASE PRINT IN BLUE OR BLACK INK					Today's Date (MM/DD/YYYY)	
School Name					School District	
School Address	Street	City	State	Zip Code	School Phone #	

Principal's Information

Name: _____

Phone: _____

e-mail*: _____

I understand that the School is responsible for the use of this card, including any fines or fees incurred for late, lost, or damaged items.

Additionally, I understand that the School is responsible for keeping track of the use of this card. If the card is lost or stolen, I understand that the School is responsible for all materials charged to this account until such a loss is reported to library staff. I also agree to give notice of any changes to the list of authorized users, Principal's name, or alternate contact person. The School agrees to comply with the GDL's Internet, Computer Use, and other policies as published on the GDL website (www.thegdl.org).

Principal's Signature

Alternate School Contact Person

Name: _____

Phone: _____

e-mail*: _____

confidential. **Notification is much faster and more reliable with an e-mail address.**

* E-mail addresses are used for notification of library related matters and are kept

List of Authorized Users
(Maximum of 10, all must be 18+ years of age)

[PDE to Word](#)
