

School Registration Form

Please fill out and take to any branch of the Genesee District Library to apply for a library card.



Today's Date ___/___/___ School District _____

School Name _____

School Address _____
Street City State Zip

School Phone (____) _____ - _____

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

Principal's Information

Name _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Email _____

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 the 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 another policies as published on the GDL website. (www.thehdl.org)

Principal's Signature _____

Alternate School Contact Person

Name _____

Primary Phone (____) _____ - _____ Secondary Phone (____) _____ - _____

Email _____

* Email addresses are used for notification of library-related matters and are kept confidential. **Notification is much faster and more reliable with an email address.**

Office Use Only

Library Card Barcode _____ Issued by _____

Please send this form to the Children's Librarian at Headquarters.