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 ________________________________________________________________

School Phone (______) __________ - __________

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.thegdl.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.

Revised 8/18