St. Louis County Library Card Application for Students in Grades K–8

PLEASE PRINT

Return completed form to student's teacher. School Name:_____

Last Name of Student:_____ First Name:_____ Middle I. _____

Street Address:_____ Apt. #:_____

City/State:_____ Zip Code: _____

Telephone Number: (_____)_____ E-mail Address: _____

Student's Date of Birth: _____/_____/_____   Is this a replacement card? ☐ Yes ☐ No

I understand that St. Louis County Library will issue my child a card which will entitle him or her to borrow materials and to have access to computers at St. Louis County Library branches. I agree to be responsible for any materials issued on this card and any fines accrued.

Signature of Parent/Guardian:_____ Date:_____

Print Name of Parent/Guardian:_____

St. Louis County **Library**

9-2013