Cleve School Cor	mmunity Li	ibrary Registr	ation for s	students an	d dependent children:
First name:					
Preferred name:					
Middle name:					
Surname:					
Gender: Male		Female			
District Council area:		Cleve Other:			
Year level: R	1 2 3	4 5 6 7	8 9 10	11 12	
Would you like to	receive ove	erdues or reserv	ation notio	ces by	SMS or Email
*Date of Birth:	/	/			
Language spoken	at home if o	other than Engl	ish:		
Postal Address:					
Town:			Postcode:		
Phone:	Home:		M	obile:	
Email address:	•••••				
School:					
Class/home group)				
Is the child alread	ly a library n	nember:	Y/N		
Default library for	r delivery of	interlibrary loa	ans:		
Is the child alread	ly a member	of another one	card publ	ic library in	SA: Y/N
or damaged by m	y child. Und the infringe	uthorised copy or liable to acti	ying of ma	terials is a	oks and other materials lost n infringement of copyright re undertake that materials
Parent/Carer signa	ature				. Date
Print Name:			Fc	orm of ident	ification: