

**Cleve School Community Library Registration for students and 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 overdue or reservation notices by        SMS   or   Email

\*Date of Birth:        ...../...../.....

Language spoken at home if other than English: .....

Postal Address:        .....

.....

Town: .....        Postcode: .....

Phone:                    Home: .....        Mobile: .....

Email address: .....

School: .....

Class/home group .....

Is the child already a library member:        Y / N

Default library for delivery of interlibrary loans: .....

Is the child already a member of another one card public library in SA: Y / N

***I agree to comply with library regulations and to pay for any books and other materials lost or damaged by my child. Unauthorised copying of materials is an infringement of copyright and may render the infringer liable to action at law. I therefore undertake that materials borrowed by me will not be copied.***

Parent/Carer signature .....        Date .....

Print Name: ..... Form of identification: .....