



Office Use Only
Library Card Number: 10004: _____
Staff Initials: _____
Date: ____/____/____

About You	Sr Jr III other _____
Name: _____	
Social Security Number ____ - ____ - _____ Gender <small>(circle one)</small> : Male / Female	
Are you a resident of the Norwich City School District? _____	
Address: _____	
City: _____ State: _____ Zip Code _____	
County _____ Phone (____) _____ - _____	
Birth Date (required): ____/____/____	

About Your Parent/Guardian
Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
County _____ Phone (____) _____ - _____
Indicate any other surname (last name) by which you are or have been known _____

<p>I promise to take good care of the books I use in the library and the ones I take home. I also promise to obey the rules of the library.</p> <p>Child's Signature: _____</p>

<p>I am willing to let my child borrow materials from the library. I agree to be responsible for damage, loss, or fines on library materials incurred by my child. I understand that parents or guardians, not the library staff, are responsible for library materials selected and or used by children.</p> <p>Parents Signature: _____</p>
