

LIBRARY CARD APPLICATION

PLEASE PRINT ALL INFORMATION BELOW.



Parent Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____ Work Phone # _____

Cell # (optional): _____

Email Address: _____

Child's name: _____

I agree to return library materials on or before the due date. If library materials I have borrowed are damaged or lost, I agree to pay the replacement cost for these materials.

Parent Signature

Date

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LENDING LIBRARY

<http://destiny.bcps.org>

LOCATED @ WHITE OAK SCHOOL, 8401
LEEFIELD ROAD, BALTIMORE, MD, 21234