

Beaconsfield Primary School Library Application Form

Name of child: _____

Child's class: _____

Child's date of birth: _____

Parent/Carer 1

Name of Parent/Carer: _____

Relationship to child: _____

- I confirm that I will ensure the books my child borrows are returned in good condition and understand that I may be charged for any lost/damaged books.
- I confirm that in the interests of keeping the school site secure, I will keep my library card safe and not allow any other individuals to borrow or copy my card.

Signed: _____

Parent/Carer 2

Name of Parent/Carer: _____

Relationship to child: _____

- I confirm that I will ensure the books my child borrows are returned in good condition and understand that I may be charged for any lost/damaged books.
- I confirm that in the interests of keeping the school site secure, I will keep my library card safe and not allow any other individuals to borrow or copy my card.

Signed: _____

Parent/Carer 3

Name of Parent/Carer: _____

Relationship to child: _____

- I confirm that I will ensure the books my child borrows are returned in good condition and understand that I may be charged for any lost/damaged books.
- I confirm that in the interests of keeping the school site secure, I will keep my library card safe and not allow any other individuals to borrow or copy my card.

Signed: _____