



Freeman Public School



Community Media Center

Barcode Number: _____

Name: _____

(Please print) LAST

FIRST

M.I.

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: : _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Cell Phone: _____ Email address: _____

County of Residence: _____ Date of Birth: _____ Male/Female

(circle one)

I agree to abide by the policies and procedures of the Freeman Public School Community Media Center.

I will be responsible for all materials checked out on my card and/or costs incurred from overdue fines or lost or damaged materials. The parent/legal guardian is responsible for all items borrowed for themselves and their non-school age children. If I am signing as a parent, I understand that my child will have full access to all library materials and services with his/her library card.

(Patron's signature) (date)

(Parent/guardian signature) (date)