



Library Card Application

High Point Christian School Student Patron

Name: _____
Last First Middle Initial

Grade: _____

Male: _____ Female: _____

Mailing Address: _____
Street, Route, or P.O.

City State Zip

Parent Email Address(es): _____

Home Phone: _____

Parent Cell Phone(s): _____

I agree to be responsible for material drawn on the library card issued in the above name, including material drawn on it by others with or without my consent unless I have previously reported the loss of my card. I promise to comply with all library rules and policies, and give prompt notice of change of address or loss of library card.

Parent's signature _____ Date: _____

For Library Use only

Barcode # _____ Expiration Date: _____