

## Student Application for ASDB Library Card

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dorm (if residential): \_\_\_\_\_

Grade: (check one)      Preschool \_\_\_ ASB \_\_\_ ASD  
Elementary \_\_\_ ASB \_\_\_ ASD  
Middle School \_\_\_ ASB \_\_\_ ASD  
High School \_\_\_ ASB \_\_\_ ASD  
Post graduate \_\_\_ ASB \_\_\_ ASD

Homeroom or Reading Teacher : \_\_\_\_\_

Classroom building: \_\_\_\_\_ Room Number: \_\_\_\_\_

I agree to return materials borrowed on time. If I need more time, I will renew materials. If I should damage or lose any materials, I agree to pay for them.

Signature \_\_\_\_\_ Date \_\_\_\_\_