

**CLASS-VISIT TEACHER-LIAISON APPLICATION FOR STUDENTS (High School/ESL) – CENTRAL
SOMERVILLE CENTRAL LIBRARY, Somerville MA, 02143**

DATE OF CLASS VISIT TO LIBRARY [mandatory]: _____

TEACHER: _____ **SCHOOL:** _____

GRADE LEVEL: _____ **LIBRARY LIAISON:** _____

APPLICATIONS SHOULD BE FILLED OUT BY STUDENTS AND DELIVERED BY THE TEACHER/LIAISON TO THE LIBRARY LIAISON (i.e., Young Adult Librarian, Circulation Librarian, or Branch Librarian) TWO OR MORE DAYS BEFORE THE CLASS VISIT TO THE LIBRARY FOR PROCESSING.

Somerville Public Library, Somerville, Massachusetts
MINUTEMAN LIBRARY NETWORK

PLEASE PRINT:

_____ Mr. _____ Mrs. _____ Ms. _____ Jr. _____ III

[LEGAL NAME – NOT A NICKNAME] [MIDDLE] [LAST]

I hereby apply for a library card. I agree to abide by the Library's policies and rules. I will pay any fines or damages charged to me due to overdue, lost, or damaged materials, and I will give prompt notice of any change of address, name, or telephone number. I will also give prompt notice in the event that either or both of my cards are lost or stolen. I understand that if I do not notify the Library of my lost or stolen card(s), any and all items subsequently charged out to my unreported card(s) are my responsibility.

I understand that I am responsible for the use of both the wallet-sized and keychain-sized cards. I also understand that museum passes must not be returned in the book-drop.

NOTE: There is a \$2.00 replacement fee for lost cards.

A library card, or official photo ID, is required for the purpose of borrowing any library materials. There are no exceptions.

SIGNATURE: _____

[LEGAL ADDRESS – **DO NOT USE P.O. BOX!**] [APARTMENT] [FLOOR]

[CITY/TOWN] [ZIP CODE]

(_____) _____ - _____
[PRIMARY TELEPHONE] [SECONDARY TELEPHONE]

[EMAIL ADDRESS – Please **PRINT**]

DATE OF BIRTH: _____ / _____ / _____ M F
[Month] [Day] [Year]