



FRANKFIELD PRIMARY AND INFANT SCHOOL LIBRARY CARD APPLICATION

By filling out this form you are hereby responsible for
any books checked out and in your child's care.

CHILD PICTURE HERE

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CHILD'S LAST NAME MIDDLE INITIAL FIRST NAME

.....
GRADE LEVEL

.....
GUARDIAN'S LAST NAME MIDDLE INITIAL FIRST NAME

.....
SIGNATURE

FOR LIBRARIAN USE ONLY

STAMP

SIGNATURE: