



Belleville Public Library

Student Library Card Registration Form (Ages 13+)

Last Name: _____ First Name: _____

School: _____ Teacher: _____

Home Address: _____
(Street) (Apt)

(City) (Province) (Postal Code)

Phone Number _____ Email: _____

Notification Preference (for overdue, holds, etc.) Email Text Phone

Student Agreement (For Students 13 years or older)

I understand that I have access to all services of Belleville Public Library and John M. Parrott Art Gallery. I accept responsibility for the use of materials and services. I also accept responsibility for any fees incurred for lost and damaged materials.

I accept responsibility for ensuring my adherence to the library's Internet Use policy.

Signature: _____

Please Print

Last Name: _____ First Name: _____

School Administration

I confirm this student's address is correct according to our school/organizations records.

Signature: _____

Please Print

Last Name: _____ First Name: _____

The personal information on this form is collected under the authority of the Public Libraries Act and the Municipal Freedom of the Information and Protection of Privacy Act. This information will only be used for the proper administration of Belleville Public Library.