

APPLICATION FOR PARTICIPATION IN A SCHOOL LIBRARY SYSTEM

Date of Application: _____

Name of Member School: _____

Public School District: _____

Grades Served: _____ Enrollment _____

Participant's Address: _____

Building Principal/Headmaster: _____

School Librarian: _____

(If your school is without a certified school librarian, list the information of the professional staff member who is responsible for the library)

Number of volumes in the library media center: _____

If automated, System used: _____ Current Version # _____

Building Telephone Number: area code _____ number _____

Library Telephone Number: area code _____ number _____

Librarian's Email address: _____

Your school library web site URL: _____