



Class Visit Card Application

PLEASE PRINT

CHILD INFORMATION

First Name _____

Middle Name _____

Last Name _____

Birth Date Month _____ Day _____ Year _____

Home Address _____

City _____ Province _____ Postal Code _____

Phone () _____ Mobile () _____

PARENT/GUARDIAN INFORMATION

Name _____

Email Address _____

I give my permission for the child listed on the form to have a free Saskatoon Public Library card. I agree to be responsible for all materials borrowed with this card and acknowledge that I am responsible for this child's use of the internet while at Saskatoon Public Library.

Signature _____

SCHOOL INFORMATION

School _____ Grade _____

Teacher's Name _____

If you have any questions, please call 306.975.7572.