Student Library Card Application



Dear Teachers: We encourage all students to register for a Library Card. Please print this application for any students who do not already have a library card. Parents must fill out the Library Card Application below with their signature and a printed copy of their valid photo ID.

Please turn in all applications to the Library you will be visiting 2 weeks before your scheduled tour.

Students must be present to receive their card at the tour. We look forward to introducing your students to the wonders of the Library!

Sincerely, Osceola Library System Youth Team

Teacher Name	School Name	
Choose One: My child	d's application is below My child has a	
Child's Last Name	Child's First Name	Middle Initial
Parent's Address	Apartment #	Phone
City/State	Zip Code	Child's Birth Date
Alternate Street Address (Required	I if PO box used above or if temporary resident)	
City/State	Zip Code	Phone
Email		
4-digit PIN for Library Card (if left b	plank, defaults to year of birth)	Preferred Library
What is your preferred contact	method? Email Phone T	Text Text carrier
which may accrue to this account a card is not transferable. I will notify According to Florida Statute 257.26	derstand that I am responsible for all resources chec and I understand that failure to do so may result in a the Library immediately of the loss of this card or c 61, public library registration and circulation records ses are not protected under the Statute.	blocked account status. I understand that this hange of address.
Parent Signature		Date
Parent Name (please print)		
STAFF USE ONLY Date/ Barcode 12221 Staff Initials	Patron Code Public NonResFee NonRes Reciprocal NonResWork Juvenile NonResSchl Adult	Statistical Class Osceola Lake Orange Polk Brevard Rev 3/24