

# BRINNON SCHOOL DISTRICT #46

46 Schoolhouse Road, Brinnon, WA 98320

## Student Enrollment Form

Please **PRINT** all information except where a signature is required.

Child's Name \_\_\_\_\_

Last

First

Middle

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Gender:  Male

Female

Primary Language: \_\_\_\_\_ Language Spoken in Home: \_\_\_\_\_

Student received the following services:  Title I/LAP  Speech  Spec. Ed.  Other \_\_\_\_\_

Child lives with:  Both Parents  Mother only  Father Only Other \_\_\_\_\_

Primary Household Name(s) \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone: Home \_\_\_\_\_

M-WK # \_\_\_\_\_ F-WK \_\_\_\_\_

M-Cell # \_\_\_\_\_ F-Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Household Name(s) \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Phone: Home \_\_\_\_\_

M-WK # \_\_\_\_\_ F-WK \_\_\_\_\_

M-Cell # \_\_\_\_\_ F-Cell \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Information

**Emergency Contacts – students may also be released to the same emergency contacts:**

**LOCAL:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**OTHER:** Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** Immunization records are required to complete enrollment. If a Birth Certificate is not available for age verification, Medical Records and or a Doctor's Note is acceptable.

Name of Student: \_\_\_\_\_

Please select both ethnicity and race. Hispanic Yes or No, if yes select which one(s). Then select any race(s) that may apply.  
Be sure to notice the bold categories prior to selecting the race(s).

**Hispanic** Yes  No

<input type="checkbox"/> Argentine	<input type="checkbox"/> Honduran
<input type="checkbox"/> Belizean	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mestizo
<input type="checkbox"/> Chicano	<input type="checkbox"/> Native
<input type="checkbox"/> (Mexican American)	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Chilean	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Colombian	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Dominican	<input type="checkbox"/> Salvadoran
<input type="checkbox"/> Ecuadorean	<input type="checkbox"/> So. Georgia
<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> Sandwich Islands
<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Spaniard
<input type="checkbox"/> French Guianese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Guatemalan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Guyanese	<input type="checkbox"/> Venezuelan

Hispanic (Write In)

**Asian**

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Lao
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Malaysian
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Mien
<input type="checkbox"/> Burmese/Myanmar	<input type="checkbox"/> Mongolian
<input type="checkbox"/> Cambodian/Khmer	<input type="checkbox"/> Nepali
<input type="checkbox"/> Cham	<input type="checkbox"/> Okinawan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Filipino	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Hmong	<input type="checkbox"/> Singaporean
<input type="checkbox"/> Indonesian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Japanese	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Korean	<input type="checkbox"/> Thai
<input type="checkbox"/> Asian (Write In)	<input type="checkbox"/> Tibetan
	<input type="checkbox"/> Vietnamese

**Black/ African-American Continued**

**South African**

<input type="checkbox"/> Botswanan	<input type="checkbox"/> South African
<input type="checkbox"/> Mosotho (Lesotho)	<input type="checkbox"/> Swazi
<input type="checkbox"/> Namibian	

South African (Write In)  Black (Write In)

**Latin American**

<input type="checkbox"/> Argentine	<input type="checkbox"/> Guatemalan
<input type="checkbox"/> Belizean	<input type="checkbox"/> Guyanese
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Honduran
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Mexican
<input type="checkbox"/> Chilean	<input type="checkbox"/> Nicaraguan
<input type="checkbox"/> Colombian	<input type="checkbox"/> Panamanian
<input type="checkbox"/> Costa Rican	<input type="checkbox"/> Paraguayan
<input type="checkbox"/> Ecuadorean	<input type="checkbox"/> Peruvian
<input type="checkbox"/> El Salvadoran	<input type="checkbox"/> So. Georgia/So.
<input type="checkbox"/> Falkland Islander	<input type="checkbox"/> Sandwich Islands
<input type="checkbox"/> French Guianese	<input type="checkbox"/> Surinamese
<input type="checkbox"/> Latin American (Write In)	<input type="checkbox"/> Uruguayan
	<input type="checkbox"/> Venezuelan

**American Indian/Alaskan Native**

Washington State Tribes

<input type="checkbox"/> Chinook Tribe
<input type="checkbox"/> Confederated Tribes and Bands of the Yakama Nation
<input type="checkbox"/> Confederated Tribes of the Chehalis Reservation
<input type="checkbox"/> Confederated Tribes of the Colville Reservation
<input type="checkbox"/> Cowlitz Indian Tribe
<input type="checkbox"/> Duwamish Tribe
<input type="checkbox"/> Hoh Indian Tribe
<input type="checkbox"/> Jamestown S'Klallam Tribe
<input type="checkbox"/> Kalispel Indian Community of the Kalispel Reservation
<input type="checkbox"/> Kikiallus Indian Nation
<input type="checkbox"/> Lower Elwha Tribal Community
<input type="checkbox"/> Lummi Tribe of the Lummi Reservation
<input type="checkbox"/> Makah Indian Tribe of the Makah Indian Reservation
<input type="checkbox"/> Marietta Band of Nooksack Tribe
<input type="checkbox"/> Muckleshoot Indian Tribe
<input type="checkbox"/> Nisqually Indian Tribe
<input type="checkbox"/> Nooksack Indian Tribe of Washington
<input type="checkbox"/> Port Gamble S'Klallam Tribe
<input type="checkbox"/> Puyallup Tribe of Puyallup Reservation
<input type="checkbox"/> Quileute Tribe of the Quileute Reservation
<input type="checkbox"/> Quinault Indian Nation
<input type="checkbox"/> Samish Indian Nation
<input type="checkbox"/> Sauk-Suiattle Indian Tribe of Washington
<input type="checkbox"/> Shoalwater Bay Indian Tribe of the Shoalwater Bay Indian Reservation
<input type="checkbox"/> Skokomish Indian Tribe
<input type="checkbox"/> Snohomish Tribe
<input type="checkbox"/> Snoqualmie Indian Tribe
<input type="checkbox"/> Snoqualmoo Tribe
<input type="checkbox"/> Spokane Tribe of the Spokane Reservation
<input type="checkbox"/> Squaxin Island Tribe of the Squaxin Island Reservation
<input type="checkbox"/> Steilacoom Tribe
<input type="checkbox"/> Stillaguamish Tribe of Indians of Washington
<input type="checkbox"/> Suquamish Indian Tribe of the Port Madison Reservation
<input type="checkbox"/> Swinomish Indian Tribal Community
<input type="checkbox"/> Tulalip Tribes of Washington

Alaskan Native (Write In)  American Indian (Write In)

**Black/ African-American**

<input type="checkbox"/> African American	<input type="checkbox"/> African Canadian
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**Caribbean**

<input type="checkbox"/> Anguillian	<input type="checkbox"/> Dominican (Dominican Republic)
<input type="checkbox"/> Antiguan	<input type="checkbox"/> Dutch Antillean (Netherlands Antilles)
<input type="checkbox"/> Bahamian	<input type="checkbox"/> Grenadian
<input type="checkbox"/> Barbadian	<input type="checkbox"/> Guadeloupian
<input type="checkbox"/> Barthélemois/Barthélemoises (Saint)	<input type="checkbox"/> Haitian
<input type="checkbox"/> British Virgin Islander	<input type="checkbox"/> Jamaican
<input type="checkbox"/> Caymanian (Cayman Island)	<input type="checkbox"/> Martiniquais/Martiniquaise
<input type="checkbox"/> Cuba Dominican	<input type="checkbox"/> Montserratian
<input type="checkbox"/> Caribbean (Write In)	<input type="checkbox"/> Puerto Rican

**Central African**

<input type="checkbox"/> Angolan	<input type="checkbox"/> Congolese (Dem. RC of the Congo)
<input type="checkbox"/> Cameroonian	<input type="checkbox"/> Equatorial Guinean
<input type="checkbox"/> Central African (Cen. African RC)	<input type="checkbox"/> Gabonese
<input type="checkbox"/> Chadian	<input type="checkbox"/> São Toméan
<input type="checkbox"/> Congolese (RC of the Congo)	<input type="checkbox"/> Principe
<input type="checkbox"/> Central African (Write In)	

**East African**

<input type="checkbox"/> Burundian	<input type="checkbox"/> Reunionese
<input type="checkbox"/> Comoran	<input type="checkbox"/> Rwandan
<input type="checkbox"/> Djiboutian	<input type="checkbox"/> Seychellois
<input type="checkbox"/> Eritrean	<input type="checkbox"/> Seychelloise
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Somali
<input type="checkbox"/> Kenyan	<input type="checkbox"/> South Sudanese
<input type="checkbox"/> Malagasy (Madagascar)	<input type="checkbox"/> Sudanese
<input type="checkbox"/> Malawian	<input type="checkbox"/> Ugandan
<input type="checkbox"/> Mauritian (Mauritius)	<input type="checkbox"/> Tanzanian (United RC of Tanzania)
<input type="checkbox"/> Mahoran (Mayotte)	<input type="checkbox"/> Zambian
<input type="checkbox"/> Mozambican	<input type="checkbox"/> Zimbabwean
<input type="checkbox"/> East African (Write In)	

**West African**

<input type="checkbox"/> Beninese	<input type="checkbox"/> Liberian
<input type="checkbox"/> Bissau-Guinean	<input type="checkbox"/> Malian
<input type="checkbox"/> Burkinabé (Burkina Faso)	<input type="checkbox"/> Mauritanian
<input type="checkbox"/> Cabo Verdean	<input type="checkbox"/> Nigerien (Niger)
<input type="checkbox"/> Ivorian (Cote d'Ivoire)	<input type="checkbox"/> Nigerian (Nigeria)
<input type="checkbox"/> Gambian	<input type="checkbox"/> Saint Helenian
<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Senegalese
<input type="checkbox"/> West African (Write In)	<input type="checkbox"/> Sierra Leonean
	<input type="checkbox"/> Togolese

**Native Hawaiian/Other Pacific Islander**

<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Palauan
<input type="checkbox"/> Carolinian	<input type="checkbox"/> Papuan
<input type="checkbox"/> Chamorro	<input type="checkbox"/> Pohpeian
<input type="checkbox"/> Chuukese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Fijian	<input type="checkbox"/> Solomon Islander
<input type="checkbox"/> i-Kiribati/Gilbertese	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Kosraean	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Maori	<input type="checkbox"/> Tongan
<input type="checkbox"/> Marshallese	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Yapese
<input type="checkbox"/> Ni-Vanuatu	
<input type="checkbox"/> Native Hawaiian (Write In)	<input type="checkbox"/> Other Pac. Islander (Write In)

**White**

<input type="checkbox"/> White
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**Eastern European**

<input type="checkbox"/> Bosnian	<input type="checkbox"/> Romanian
<input type="checkbox"/> Herzegovinian	<input type="checkbox"/> Russian
<input type="checkbox"/> Polish	<input type="checkbox"/> Ukrainian

**Middle Eastern and North African**

<input type="checkbox"/> Algerian	<input type="checkbox"/> Israeli
<input type="checkbox"/> Amazigh or Berber	<input type="checkbox"/> Jordanian
<input type="checkbox"/> Arab or Arabic	<input type="checkbox"/> Kurdish Kuwaiti
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Lebanese
<input type="checkbox"/> Bahraini	<input type="checkbox"/> Libyan
<input type="checkbox"/> Bedouin	<input type="checkbox"/> Moroccan
<input type="checkbox"/> Chaldean	<input type="checkbox"/> Omani
<input type="checkbox"/> Copt	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Druze	<input type="checkbox"/> Qatari
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Saudi Arabian
<input type="checkbox"/> Emirati	<input type="checkbox"/> Syrian
<input type="checkbox"/> Iranian	<input type="checkbox"/> Tunisian
<input type="checkbox"/> Iraqi	<input type="checkbox"/> Yemeni
<input type="checkbox"/> Middle Eastern (Write In)	<input type="checkbox"/> North African (Write In)

**HEALTH/MEDICAL INFORMATION**

*Medication administered at school must have parent and doctor authorization. Forms may be obtained by contacting the District Office.*

Is your child taking medications:  No  Yes If yes, please describe: \_\_\_\_\_

Physical activity:  Not limited  Limited-explain \_\_\_\_\_

Your child wears:  Contact lenses  Glasses  Other aides \_\_\_\_\_

Please list other medical conditions or allergies that school personnel should be aware of regarding your child:

\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Insurance:  
Name of Insurance: \_\_\_\_\_ Type of Coverage: \_\_\_\_\_

Other instructions:  
 Custody Alert—Describe restrictions: \_\_\_\_\_  
(Certified copies of court orders of divorce, custody, etc., and parenting plan must be on file in the District Office.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY PROCEDURE**

In case of an emergency (natural disaster, etc.), accident, or illness, and in the event that persons listed on this form cannot be contacted, I hereby authorize the school to take whatever action is necessary to sustain my child's health and welfare. I understand that I will assume full responsibility for the payment of any services rendered.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**BRINNON SCHOOL DISTRICT #46**  
**46 Schoolhouse Road**  
**Brinnon, WA 98320**

**REQUEST FOR EXCHANGE OF STUDENT INFORMATION**

Date of Request: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please send school records for the following student, who has recently enrolled in the Brinnon School District:

**Student Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Last Grade Attended: \_\_\_\_\_

Date of Withdrawal from previous school: \_\_\_\_\_

**TO:** Previous School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Please route this form to the proper departments to include the following information:

- Student Transcripts (grades, report cards, attendance records, immunization records)
- Group testing and diagnostic data
- Individual test data
- Special program placement data
- Special health history
- Disciplinary Information
- Other \_\_\_\_\_

All materials received will be placed in the student's record and will be available for inspection and review in accordance with the requirements of the Family Educational Rights and Privacy Act of 1974.

\_\_\_\_\_  
School District Representative

\_\_\_\_\_  
Phone #

Federal Law 99.31: "No parent signature is required for educational records sent to another educational agency."

Reviewed for compliance by: \_\_\_\_\_  
 Date: \_\_\_\_\_ Exemption: YES  NO   
 (see back)



## CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend.

Child's Last Name	First Name	Middle Name	Sex	Birthdate
Parent/Guardian Name			Daytime Phone	

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>HEP B</b> (HBV) Hepatitis B		1			
		2			
		3			
		4			
<b>DTaP/DTP/DT</b>  Diphtheria, Tetanus,  Pertussis		1			
		2			
		3			
		4			
		5			
		6			
<b>Td/Tdap</b>		1			
		2			
		3			
		4			
		5			
<b>HIB</b> Haemophilus Influenzae B		1			
		2			
		3			
		4			
<b>POLIO</b> OPV (by mouth) IPV (by injection)		1			
		2			
		3			
		4			
		5			

Immunization	Type of Vaccine	Dose	Date Given		
			Month	Day	Year
<b>MMR</b> Measles (Rubella), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
<b>VARICELLA</b> (Chickenpox)	VACCINE	1			
		2			
	DISEASE	YES		NO	
	Approximate date or age at time of disease				
<b>OTHER VACCINES</b>					

→ I certify that the information provided here is correct and verifiable ←

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Parent or Guardian

DOH 348-013(X) Revised January 2006

**Exemptions:**     **Medical**         **Personal**         **Religious**

Your child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she/he can be excluded from school until the outbreak is over.

# Brinnon School District Student Housing Questionnaire

*For distribution to all families/ students annually*

Student Name \_\_\_\_\_  
First Middle Last

Male  
 Female

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_  
Mo Day Year

This form is intended to address requirements of the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your answers to these questions will help staff with school enrollment and may enable the student to receive additional services.

1. Is your current residence a temporary living arrangement?  Yes  No
2. Is your living arrangement due to loss of housing or economic hardship?  Yes  No
3. Is your current residence inadequate for meeting physical and psychological needs?  Yes  No

If you answered YES to any of the questions, please complete the remainder of this form.  
If you answered NO to all of the questions, you may stop here.

Where does the student stay at night? *(Please check one box.)*

- In a motel/hotel  
 In a shelter  
 With more than one family in a house, mobile home, or apartment (doubled-up)  
 In a car, park, campsite, or location not usually used for sleeping accommodations (unsheltered)

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City Zip

Parent/Legal Guardian Name \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

Unaccompanied Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

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### For School Personnel Use Only

If student is missing enrollment records, please contact the student's previous school for records.

Following records are still missing:

- Birth certificate  Immunizations  Medical records  Prior academic records

School Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above named student qualifies for rights and services under the McKinney-Vento Act.

McKinney-Vento Liaison Signature \_\_\_\_\_ Date \_\_\_\_\_

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Amanda Goes to School  
Office of Superintendent of Public Instruction



Office of Superintendent of Public Instruction (OSPI)  
Home Language Survey

<b>Student Name:</b>		<b>Date:</b>
<b>Birth Date:</b>	<b>Gender:</b>	<b>Grade:</b>
<b>Form Completed by:</b>		
Parent/Guardian Name _____		Relationship to Student _____
Parent/Guardian Signature _____		
If available, in what language would you prefer to receive communication from the school? _____		
<b>Did your child receive English language development support through the Transitional Bilingual Instruction Program in the last school your child attended?</b> Yes__ No__ Don't Know__		

1. In what country was your child born?	_____
2. <b>What language did your child first learn to speak?*</b>	_____
3. <b>What language does <u>YOUR CHILD</u> use the most at home?*</b>	_____
4. What language(s) do <u>parent/guardians</u> use the most when you speak to your child?	_____ _____
5. Has your child ever received formal education* outside of the United States? (Kindergarten - 12 <sup>th</sup> grade)  ____ Yes ____ No  *Formal education" does not include refugee camps or other unaccredited programs for children.	If yes, in what language(s) was instruction given? _____ For how many months? ____
6. When did your child first attend a school in the United States? (Kindergarten - 12 <sup>th</sup> grade)	_____ Month      Day      Year
7. Do grandparent(s) or parent(s) have a Native American tribal affiliation?  ____ Yes ____ No	

**\*WAC 392-160-005:** "Primary language" means the language most often used by a student (not necessarily by parents, guardians, or others) for communication in the student's place of residence.

Note to district: A response of a language other than English to question #2 OR question #3 triggers ELL placement testing

May 2014

## The Purpose of the Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools. The following information should help answer some of the questions you may have about this form.

### **What is the purpose of the Home Language Survey?**

The primary purpose of the Home Language Survey is to help identify students who may qualify for support to help them develop the English language skills necessary for success in the classroom and who may qualify for other services. It is important that this information be correctly recorded since it can affect the eligibility of students for services they need to be successful in school. Testing may be necessary to determine whether or not additional language and academic supports are needed. No student will be placed in an English language development program based solely on responses to this form.

### **Why do you ask about the student's first language and language(s) used in the home?**

The two questions about the student's language help us to determine:

- if your student may be eligible for assistance with learning English, and
- whether staff at the school should be aware of other languages being used by the student at home.

The language your child first learned may be different from the language your child uses for communication at home now. The responses to both of these questions will assist the school in providing instruction appropriate to the individual student's needs as well as help with communication needs that may arise. Students who first learned a language other than English may qualify for additional supports. Even students who speak English well may still need support in developing the language skills needed to be successful in school.

### **Why do you ask where the student was born?**

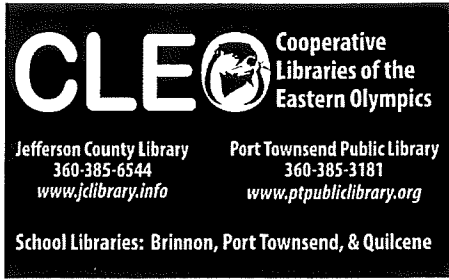
This information helps the school district and the state determine if the student meets the definition of immigrant for the purposes of federal funding. This applies even when the student's parents are both US citizens, but the student was born outside of the United States. This form is not used to identify students who may be undocumented.

### **Why do you ask about my student's previous education?**

Information about a student's education will help ensure that the student's education both within and outside of the United States is considered in any recommendations made for participation in programs and district services. The student's educational background is also important information to help determine if the student is making adequate progress toward state standards based on their prior educational background.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.





# Library Card Application

for Kids, Teens, and Adults

**WHO CAN GET A CARD:**

Any resident of the Jefferson County Rural Library District or the City of Port Townsend is eligible to get a library card. Visitors may be issued a library card with limited privileges. Minors under 18 years of age may receive a library card with a parent or guardian signature.

**PERSONAL INFORMATION OF CARD APPLICANT:**

Name (Last, First, Middle): \_\_\_\_\_

Birthdate: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ M  
M D D Y Y Y Y

Residential Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hold notice by (choose one):  Email  Text  Phone Service Provider (if text): \_\_\_\_\_

The library periodically sends email notifications about upcoming programs and events. To **opt out**, check here:

**FOR MINORS:**

Please print the names of parents or guardians who will be responsible for this account:

\_\_\_\_\_

Parents/guardians, please choose ONE for your child under 18, when at the Jefferson County or Port Townsend Public Libraries:

Full access card  NO Public Computer Use (materials checkout only)  Public Computer Use ONLY (no materials checkout)

**LIST INDIVIDUALS THAT MAY PICK UP ITEMS ON HOLD FOR YOU:**

\_\_\_\_\_

**SIGNATURE(S):**

*I agree to assume full responsibility for all materials checked out to me or my dependents, to promptly pay charges for lost or damaged materials, and to give immediate notice if my card is lost or my address changes. I understand that failure to comply with public library policies may result in loss of borrowing privileges. Parents/guardians are responsible for their children's selection and checkout of library materials.*

*I also agree to abide by the library's Internet Acceptable Use Policy when using the library's computers and/or wireless internet access. Parents/guardians are responsible for monitoring their children's computer and Internet use at the Library.*

\_\_\_\_\_  
 Adult (18 and over) or Parent Signature

\_\_\_\_\_  
 Child or Teen Signature (optional)