



**APPLICATION FOR PARTICIPATION IN A SCHOOL LIBRARY SYSTEM**

Date of Application: \_\_\_\_\_

Name of Member School: \_\_\_\_\_

Public School District:

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

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 libra