



**Stratford**  
PUBLIC LIBRARY

19 ST. ANDREW ST  
STRATFORD, ON N5A 1A2

# EDUCATOR CARD APPLICATION

**Personal Library Card Number** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last Name First Name Middle Initial

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School Name** \_\_\_\_\_

**School Address** \_\_\_\_\_

**City** \_\_\_\_\_ **School Phone** \_\_\_\_\_

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

**Library notices**  by email  by mail

**Educator agrees:**

- to comply with the rules and regulations of the Stratford Public Library
- to be responsible for all materials borrowed using the Card
- to restrict use of the Card to classroom use only
- to notify the Library immediately of any loss, theft or misuse of the Card
- to remain aware of the regulations pertaining to the Card
- All correspondence from the library will be with the Educator, not the educational facility

Liability for loss, theft or damage to materials signed out on an Educator Card will be limited to replacement costs and administration charges for replacing the materials, and will be the responsibility of the signing Educator.

The Library reserves the right to revoke the privileges granted under this contract if the Library feels these privileges are being abused

**Staff Use Only**

**Educator Barcode**  
20500 \_\_\_\_\_

**Btype** = ED

**Expiry Date** = June 30

**Educator Type:**

- Post Secondary
- Secondary School
- Elementary School
- Private School
- Preschool
- Homeschool

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## YOUR LIBRARY CARD MUST BE PRESENT FOR ALL LIBRARY TRANSACTIONS