

The Mary L. Cook Public Library  
**TEACHER REGISTRATION FORM**

School Year 2020 - 2021

\*\*\*\*\*Have you read the policy for extended teacher loans as well as the additional information on the back of the policy page? Yes \_\_\_\_\_ (PLEASE INITIAL.)

\*\*\*\*\*I understand that I am personally responsible for the cost of all lost materials on a teacher card issued in my name. PLEASE SIGN HERE. \_\_\_\_\_

NAME: \_\_\_\_\_ CARD # \_\_\_\_\_  
Teacher Card # \_\_\_\_\_  
(to be assigned)

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_ *Classroom Teacher*

SCHOOL: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ E-mail: \_\_\_\_\_

TEACHING POSITION: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

or \_\_\_\_ *Home School Teacher*

SCHOOL NAME: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

SCHOOL PHONE #: \_\_\_\_\_ E-mail \_\_\_\_\_  
SUPERVISING SCHOOL DISTRICT: \_\_\_\_\_

AGES OF CHILDREN : \_\_\_\_\_

**HOME SCHOOL PARENTS:** Would you allow our staff to give your name and phone number to parents interested in home schooling or new to the area? Please initial yes \_\_\_\_ or no \_\_\_\_.

If you belong to a home school support group or consortium, would you please share its name, contact person, etc.? We would be happy to share this information with those parents interested in home schooling or new to the area.

\_\_\_\_\_  
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