

Lena Armstrong Public Library

BISD Student Library Card

Student's Name: _____ Date: _____

Student's School: _____ Student's Address: _____

Parent's Name: _____

Parent's Phone Number: _____

Parent's Signature: _____

Your signature on this card is your agreement to abide by the Library Policies and responsibility for any fines and/or lost library materials. Please present school ID when turning in the application at the Library.

Student will be allowed to checkout 2 books

Information provided in this flyer is the expression of the Lena Armstrong Public Library and does not reflect the endorsement, sponsorship, position, or expression of the Belton Independent School District.