V.S.A. BENAVENTE MIDDLE SCHOOL

288 West Santa Monica Avenue, Dededo, Guam 96929
Phone: (671) 632-5647
Accredited for six years by WASC and an active member of Learning School Alliance
Website: http://www.gdoe.net/vsabms
Email: vsabms@gdoe.net

Jon J. P. Fernandez
Superintendent of Education

Patrick Flores Egrubay
Principal

BMS LIBRARY CARD APPLICATION

PATRON INFORMATION (please print):

Name:

_____
Last First Middle

Birthdate: ____/____/_____ ❑ Female ❑ Male Grade Level: ❑ 6th ❑ 7th ❑ 8th
Month Day Year

Home Base Rm. #: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Residential Address: (Complete if different from mailing address)

_____
Street, RR/Fire Number or P.O. Box City State Zip

Home Phone*:_____ Email Address: _____

Parent/Guardian Work/Mobile Phone: _____

ACCEPTANCE OF RESPONSIBILITY (Read carefully!)

- I will be responsible for all materials checked out on this card, including materials checked out by others with or without my consent, unless I have previously reported the loss of my card.
- I will report a lost or stolen card, or any change of personal information (name, address, phone, email), immediately.
- I will comply with all library rules and policies.
- I understand that there will be charges for overdue, lost, damaged and stolen library materials.
- I understand that the library provides access to a broad range of resources and that it is my responsibility to judge for myself and for my children or minor dependents what resources are appropriate for my/our personal use.
- NOTE: Your Education Technology Use Policy must be submitted. It was distributed through your Home Base.

STUDENT SIGNATURE:_____ Date: _____

Parent or Legal Guardian Signature:_____

Please print Parent or Legal Guardian Name:_____

FOR LIBRARY STAFF ONLY: Type of registration:

❑ New patron
❑ Lost card
❑ AUP Submitted

Staff initials/Issuing ID: _____

Patron Barcode #:_____