

# Cardinal Pole Catholic School

205 Morning Lane, London E9 6LG  
P 020 8985 5150 www.cardinalpole.co.uk

25<sup>th</sup> February 2014

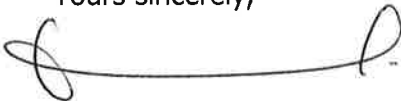
Dear Parent/Carer,

As part of the schools drive to promote literacy and reading for pleasure we have arranged for your child to visit Hackney Central Library 18 March 2014.

The pupils will receive a tour of the library plus a workshop on information literacy, where they will be shown how to use the online resources. The pupils will also be issued with a Hackney Library card that can be used at all libraries within the borough. They will then be invited to loan a book from the library.

To ensure your pupil gets the most from the visit, we ask that the Library application form attached is completed, together with the permission slip and promptly returned.

Yours sincerely,



Ms Hayward  
**Librarian**

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## **Hackney Central Library Visit – Reply Slip**

To whom it may concern,

I hereby **give/do not give** permission for my child \_\_\_\_\_ in form \_\_\_\_\_ to attend the Hackney Central Library Visit on \_\_\_\_\_

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# Registration Form - Children and Young People

There is no charge to join the library. Simply complete both sides of this form. We will also need to see official WRITTEN proof of name and address for full membership.

Please use BLOCK CAPITALS

Surname: .....

Forename(s): .....

Address: .....

.....Postcode:

Tel: ..... Mobile: .....

Email address:

Date of Birth:  Gender:

**FOR THE ATTENTION OF GUARANTOR (PARENT OR GUARDIAN)**

Please Note, you will be responsible for stock items on loan to the above named child/ young person as well as ensuring they abide by the terms of the User's Guide to Public Computer Facilities. You will also be responsible for payment for items lost or damaged. Reminders will sent out when stock is overdue.

Signed: .....

Print name: ..... Mr. Mrs. Ms. Other: .....

Relationship to applicant: ..... Date: .....

**Please note your child will be asked to provide written proof of your address, e.g. an ID card with address, current gas/electric bill, TV licence etc.**

**If you do not live in Hackney, but either study or work in the Borough, please fill in the following:**

Name of place of study/employer: .....

Address: .....

.....

Postcode:  Tel: .....

**I accept responsibility for the items issued to me and agree to comply with the library bye-laws and other stated library standards and policies. I also agree to abide by the rules set out in the User's Guide to Public Computer Facilities. Any person failing to observe these rules may be excluded from using the PCs and /or other library services throughout Hackney Libraries.**

Applicant's Signature ..... Date .....

We may use the information on this form to send you occasional mailings about the Library Services in Hackney. This information may be shared with other Council departments to monitor service provision. If you do not wish to be included please tick the box

**Imagination • information • learning centres**

**Staff use only**

Date: .....

Dynix No: .....

Pin number:

Date of birth must be entered.

Patron Type:

YPE	YPI2	YPI5
NRV	NRV12	NRV15
FFYP	SCH	

Enter name/Dynix ID in Parent/Guardian Field

Enter relationship in relationship field

Enter in SPONSORS field

**What proof shown**

DL	UB	OL
ID	BS	TVL

STAFF INITIALS

Entered by: .....

Checked by: .....

**PROMOTION**

.....

Enter in Promotion Code Field

Enter Y/N in OK to contact? Field

All information is confidential and will only be used under the strict controls of the Data Protection Act 1998. The Authority is under a duty to protect the public funds it administers and to this end may use the information you have provided on this form within this Authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds, solely for this purpose.

**Do you consider yourself to have a disability?** Yes  No

If your disability affects the use of the library service, please indicate in what way:

visual  hearing  mobility  learning

other  (please specify) .....

Which language (s) do you read .....

Age:

**ETHNICITY**

Choose ONE option from the categories below, then tick the appropriate box to indicate your cultural background

**White**

British  Irish  Any other White background, please write in

**Mixed**

White and Black Caribbean  White and Black African   
White and Asian  Any other Mixed background, please write in

**Asian or Asian British**

Indian  Pakistani  Bangladeshi  Vietnamese   
Any other Asian background, please write in

**Black or Black British**

Caribbean  African  Any other Black background, please write in

**Chinese or Chinese British**

Chinese  Any other Chinese background, please write in

**Any other ethnic group**

Turkish/Turkish Cypriot  Greek / Greek Cypriot  Jewish   
Kurdish  Any other ethnic background, please write in

**GENDER**

Boy  Girl  (please tick box)

**Staff use only**

Enter Y/N in disabled field

Enter in disability type

Enter in languages field

Age Range:

0-4	5-11	12-17
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Use Notes field to record other background

Use NR for Age, Ethnicity or Gender if not stated

[WB]  
[IR]  
[WO]

[MWBC]  
[MWBA]  
[MWA]  
[MOB]

[AI]  
[AP]  
[AB]  
[AV]  
[AS]

[BC]  
[BA]  
[BO]

[CH]  
[CO]

[TC]  
[GC]  
[JE]  
[KU]  
[OEG]

[M] [F]