

Cardinal Pole Catholic School

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25th February 2014

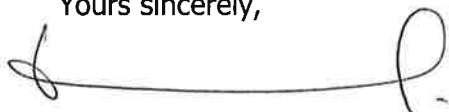
Dear Parent/Carer,

As part of the schools drive to promote literacy and reading for pleasure we have arranged for your child to visit Hackney Central Library 01 April 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

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
NRY	NRY12	NRY15
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.

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]

[MWBBC]
[MWBBA]
[MWA]
[MOB]

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

[BC]
[BA]
[BO]

[CH]
[CO]

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

[M] [F]

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)