

# Reading Buddies

## Student Application

Please print this application form, fill it in,  
and return it to the Mary J. Benson Branch of the Port Hope Public Library.

Today's date: \_\_\_\_\_

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Library card number: \_\_\_\_\_

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list the areas in which your child needs help (spelling, comprehension,  
grammar, etc.,)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### After-School Session Day and Time

Please circle your preferred choice:

Monday      Tuesday      Wednesday      Thursday      Friday

Preferred Time \_\_\_\_\_

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

A Library staff member will contact you to confirm the session day and time.

For further information, please contact the Library at  
*library@porthope.ca* or 905.885.4712.



PORT HOPE  
PUBLIC LIBRARY