

Request for Parochial School Service

Holmes County District Public Library
Bookmobile Department

For school year _____

School Name _____

Address _____

Township _____

School Board Members name and address _____

NAME AND PHONE NUMBER FOR EMERGENCY CONTACT:

Teacher Name(s) _____

Describe a location of a safe stop site at the school that gives a parking area for a 35 foot long Bookmobile that is 10 feet wide & 12 feet high.

Grade levels in school _____

Number of students in building _____

Number of teachers _____

Will students come on bookmobile? _____

Will teachers come on bookmobile? _____

Approximate number of students in each grade:

1ST ___ 2ND ___ 3RD ___ 4TH ___ 5TH ___ 6TH ___ 7TH ___ 8TH ___

Return to bookmobile or mail to:

Central Library, Attn: Bookmobile Department, 3102 Glen Drive, Millersburg, Ohio 44654