

LIBRARY PATRON RECORDS

Christian Academy in Mozambique

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To be completed by each person, including teachers, students and parents who desire to be a patron of the CAM School Library.

Name _____, _____, _____.
Last First Initial

Gender: (Circle One) Male Female

Student Code: _____
Country: _____ Passport Number _____

Date of Birth: Day: _____, Month _____; Year _____

Grade Level: (this school year) _____

Home Room (Bible Class) _____ (U1; U2; U3a; U3b; U4; L1; L2)

Parent's Names _____, _____, _____
Father Mother Surname

Street Address: _____

Mailing Address: _____

Email Address: _____

Phone: Land Line: _____; Cell Phone: _____

Father's occupation: _____; Work Telephone #: _____

Mother's work: _____; Work Telephone #: _____