

**ALTERNATIVE EDUCATIONAL PROGRAMS APPLICATION FORM
For Charter Schools**

CHARTER SCHOOL: _____

Principal: _____

Address: _____

Telephone: _____

Date Charter Awarded by NC: _____ Grades Served: _____

Name(s) of authorized users: _____

I have read the Alternative Educational Programs Policy. As principal of this school, I agree that the school will be responsible for all materials, fees and fines charged to this library card. I will give notice of any changes of address, phone number, or authorized users. All users of this card agree to abide the rules and regulations of the Rockingham County Public Library. This card will expire every year and will need to be updated by the principal.

Signature _____

Date: _____

Date AEP Library Card issued: _____ Staff initials: _____