

# Read at Home Application Form



## Parent/Legal Guardian

Name and Surname: \_\_\_\_\_

ID Card Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

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

## Child/Student

Name and Surname: \_\_\_\_\_

Age: \_\_\_\_\_ Class: \_\_\_\_\_

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

## Book Preference

**Maltese Book preference :** \_\_\_\_\_

**English Book preference:** \_\_\_\_\_

\* Books are to be chosen from the catalogue provided by the National Literacy Agency. The National Literacy Agency will try to meet your book preferences. However if a book becomes unavailable, our lovely team will hand-pick another book for you.

By submitting this application form you are confirming that:

**-The information provided above is true and correct and you understand that any false declarations may render this application null.**

**-Books will be returned in good condition as provided after 4 weeks in the Book Return Box.**

**-Any damaged/missing books will be paid for.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_