
NAME _____ BIRTHDATE ____/____/____
(Last) (First) (M.I.)

MAILING ADDRESS _____
Street City State Zip Code

Home Phone _____ Parent work phone _____ Parent Name _____

PERMIT or LICENSE NUMBER (Circle one) _____ EXP. DATE _____

Which high school do you attend _____ Address if **NOT** Canby _____

DATE PAID _____ AMOUNT _____ CHECK/CASH _____ Visa/MC _____

DATE PAID _____ AMOUNT _____ CHECK/CASH _____ Visa/MC _____

---OFFICE USE ONLY---

Classroom session _____ BTW time _____ Completion Date _____ Certificate sent _____

NOTES: _____
