

Student Background / Sign-Up

Please fill these items out as they appear on your Drivers License.

Students name (Last, First, Middle) _____

Residence Address (No., Street, City, County, State, Zip Code) _____

E-Mail: _____

Male ___ Female ___ Height ___ Weight ___ Race ___

Date of Birth, Month _____ Day _____ Year _____ Place of Birth (State or Foreign Country) _____

Please answer the following questions Yes or No with a check in the appropriate block;

Have you ever been convicted of domestic violence? Yes ___ No ___

Are you under indictment or information in any court for a crime punishable by imprisonment for a term Exceeding one year? Yes ___ No ___

Have you been convicted in any court of a crime punishable by imprisonment for a term exceeding one Year? Yes ___ No ___

Are you a fugitive from justice? Yes ___ No ___

Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance? Yes ___ No ___

Have you ever been adjudicated mentally defective or have you been committed to a mental institution? Yes ___ No ___

Have you been discharged from the Armed Forces under dishonorable conditions? Yes ___ No ___

Are you an alien illegally in the United States? Yes ___ No ___

Are you a person who, having been a citizen of the United States, has renounced his/her citizenship? Yes ___ No ___

Are you subject to a court order restraining you from harassing, stalking, or threatening an intimate partner or child of such partner? Yes ___ No ___

I HEREBY CERTIFY THAT THE ANSWERS TO THE ABOVE ARE TRUE AND CORRECT. I ALSO UNDERSTAND THAT A PERSON WHO ANSWERS "YES" TO ANY OF THE ABOVE QUESTIONS IS PROHIBITED FROM PARTICIPATING IN THIS CLASS AND ANY DEPOSITS WILL BE REFUNDED.

STUDENTS SIGNATURE _____

DATE _____