

# WITHLACOOCHEE TECHNICAL INSTITUTE

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## BASIC RIDER COURSE

### APPLICATION FOR ADMISSION TO COMMUNITY SCHOOL PROGRAMS

PLEASE PRINT AND USE LEGAL NAMES. PLEASE COMPLETE EVERY REQUESTED ITEM.  
EVERY ITEM ON THIS APPLICATION IS REQUIRED BY FLORIDA STATUTE AND OR FLORIDA  
ADMINISTRATIVE CODE.

Course Name:  
BASIC RIDER COURSE

Class Date:

Instructor: HOLM

Fees assessed:  
\$225.00

PLEASE CIRCLE TYPE

**M**

**S**

(Office Use Only)

#### PLEASE PRINT AND USE LEGAL NAMES

LAST NAME	FIRST NAME	MIDDLE NAME	DRIVER'S LICENSE NUMBER	
ADDRESS OF PERMANENT RESIDENCE	CITY	STATE	ZIP	PHONE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP	PHONE
LAST FOUR OF SOCIAL SECURITY #	DATE OF BIRTH	AGE		

#### EMERGENCY INFORMATION

(REMEMBER TO USE INFORMATION WHICH CAN BE USED TO CONTACT THESE PEOPLE WHILE YOU ARE AT THE SCHOOL)

NAME/RELATIONSHIP	ADDRESS	PHONE

#### AFFIDAVITS

IF THE STUDENT IS YOUNGER THAN 18 YEARS OF AGE, THE PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS AFFIDAVIT.

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO STATE THAT IF THE SCHOOL CANNOT REACH ME IN A MEDICAL EMERGENCY, I AUTHORIZE THE DIRECTOR OR THE PRINCIPAL'S DESIGNEE TO TRANSPORT MY CHILD TO A DOCTOR OR HOSPITAL FOR EMERGENCY TREATMENT. I WILL BE RESPONSIBLE FOR ALL COSTS INCURRED FROM SUCH ACTION.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

THE WITHLACOOCHEE TECHNICAL INSTITUTE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, MARITAL STATUS OR HANDICAP IN RECRUITMENT, SELECTION, TREATMENT OR TERMINATION OF STUDENTS.