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STUDENT

Student Name (print) _____ Date _____

Address _____

City _____ State _____ Zip _____

Signature _____ Phone _____

Student Signature

PARENT OR GUARDIAN

I hereby certify that I am the parent and/or guardian of _____
and likewise understand and agree with the above statements.

Signature _____ Date _____

Parent or Guardian Signature

WITNESS

Name (print) _____

Signature _____

Witness Signature