



Defensive Driving Course "Skidz School" Registration form

Student Name: _____

Address: _____

Parent /Guardian Name: _____

Phone #: _____

Payment Method: Please check one below and return the \$25.00 payment with this form.

Cash _____

Check _____ (Make checks payable to CMSC)

I give my child, _____ permission to attend "Skidz School" during school hours.

Parent's Signature: _____ Date: __ / __ /2006

Please return this form with your payment to the High School Main office.



Click above to return to the Westborough Police Web Page.

www.westboroughpolice.com