



UNDERAGE PERMISSION FORM B
FOR APPLICANTS 16 OR 17 YEARS OF AGE
WHO HAVE LEFT SCHOOL MORE THAN 6 MONTHS AGO

Today's Date: _____

STUDENT INFORMATION

Student's Name: _____

Student's Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Course: _____

Name of last school attended: _____

City and state of last school attended: _____

Last date of attendance in above school: _____

Parental Certification:

I certify that the above information is correct to the best of my knowledge.

(Parent or Legal Guardian) Date

(Relationship to Student)

Notary Date

County

My Commission Expires _____