



Defensive Driving Course “Skidz School”
Registration Form

Students Name: _____

Address: _____

Parent / Guardian Name: _____

Phone #: _____

Payment Method: Please check ONE below and return the \$30.00 payment with this form.

Cash: _____

Check(Payable to CMSC): _____

Please choose days by preference (write: 1st, 2nd, 3rd):

April 15_____ April 16_____ April 17_____

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

Student Driver's License Number: _____

Parent's Signature: _____ Date: _____

Please return this form to the Main Office at the Westborough High School.

Classes are filled by first come, first serve. Preference is given to Seniors.