



ASSAULT PREVENTION CLASS

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SCHOOL YOU ATTEND _____

PARENT OR GUARDIAN'S NAME _____

PARENT OF GUARDIAN'S PHONE NUMBER: _____

PARENT OR GUARDIAN'S WORK PHONE NUMBER: _____

PRINTED NAME: _____

SIGNATURE: _____

PARENT OR GUARDIAN'S PRINTED NAME: _____

PARENT OR GUARDIAN'S SIGNATURE: _____

YOU WILL BE CONTACTED AT THE PHONE NUMBER ON THIS FORM IF DATES, TIMES, OR CLASS
LOCATION CHANGES

IF YOU NEED MORE INFORMATION PLEASE EMAIL ME AT lt.dlea@boonesheriff.com OR CALL THE
SHERIFF'S OFFICE AT 741-8404 AND ASK FOR LIEUTENANT LEA