



**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.