

Spokane Tribal Youth Program External Activity Consent Form

Driver's Education

Youth Information (ALL REQUIRED)			
Name (First, MI, Last)	Birthdate:	Social Security #:	School and Grade:
Tribal Affiliation Are you a member of a federally recognized Tribe? ___ Yes ___ No Are you a descendent? ___ Yes ___ No Name of Tribe: _____		Gender: ___ Male ___ Female	Are you currently receiving TANF benefits? ___ Yes ___ No
Guardian Information (Required)			
Name:		Relationship:	
Mailing Address:			
Physical Address (if different from mailing):			
Primary Phone:		Secondary Phone:	

I understand this is a once per lifetime support service.

I understand that the 477 is not responsible for any lost/stolen items that my youth might bring to class, such as electronic devices, coats, money, etc.

I understand failure to complete the course without good cause, I will be ineligible for 477 Youth services for up to 1 year.

I understand all refunds must be returned to the 477 program immediately. Failure to return unused funds will result in overpayment.

I understand I must provide a copy of acquired Learner's Permit at the beginning of the course, Certificate of completion at the end and/or a copy of driver's license (if one was obtained)

By placing our signatures below, Parent/Guardian and Youth, we hereby acknowledge our understanding and acceptance of the above mentioned

Student Signature

Student (Print)

Parent/Guardian Signature

Parent/Guardian (Print)