



# Jefferson High School Adult Education



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

<b>Class, Course or Collection:</b>	<b>Cost:</b>
<b>Total Cost:</b>	

I hereby certify that I am at least 16 years of age and I am not attending an accredited High School as per MCA 20-7-701.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_