



## 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](mailto:lt.dlea@boonesheriff.com) OR CALL THE  
SHERIFF'S OFFICE AT 741-8404 AND ASK FOR LIEUTENANT LEA