

<input type="checkbox"/> Firearm Safety Classroom/Field Day <input type="checkbox"/> Youth Snowmobile Classroom <input type="checkbox"/> Youth Online Firearm Safety/Field Day <input type="checkbox"/> Youth Snowmobile Online <input type="checkbox"/> Adult Independent Study <input type="checkbox"/> Adv. Hunter Ed <input type="checkbox"/> ATV Online <input type="checkbox"/> Clinic (Type) <input type="checkbox"/> Bow Hunter Ed	Principal Instructor Name & Number County & Number <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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Enter **FULL LEGAL NAME** of each student. Mail original roster in the enclosed mailer **within five days of the class completion**. Instructor retains one copy.

STUDENT'S FULL LEGAL NAME	DATE OF BIRTH			Gender/ Ethnic / DB			ADDRESS			P=PASS F=FAIL			
	LAST	FIRST	FULL MIDDLE	Month	Day	Year	M/F	Code	Code		(No. & Street, RFD, Box No.)	City	Zip
1. DL#													
2. DL#													
3. DL#													
4. DL#													
5. DL#													
6. DL#													
7. DL#													
8. DL#													
9. DL#													
10. DL#													
11. DL#													
12. DL#													

DISTRIBUTION: White - Safety Training Office Yellow – Instructor

* The following information is provided voluntarily to assess the variety of individuals we are serving through our education programs.

Ethnic Background: AA - Asian American; BL - African American; C - Caucasian; H - Hispanic; NA - Native American O – Other

Disability: E - Emotional; H - Hearing; M - Motor; MU - Multiple; S - Sight