



COEUR D'ALENE TRIBE

850 A STREET
 P.O. BOX 408
 PLUMMER, IDAHO 83851
 (208) 686-1800 Fax (208) 686-9102

Adult Education Application

PLEASE PRINT IN									
SOCIAL SECURITY NUMBER =>							MAIDEN NAME IF MARRIED		
Name	LAST	FIRST	MIDDLE	DATE OF BIRTH	MO	DAY	YR	AGE	
MAILING ADDRESS	ADDRESS			MALE		FEMALE			
	CITY		STATE	ZIP	PHONE	HOME			
HOME ADDRESS IF DIFFERENT	ADDRESS			WORK					
	CITY		STATE	ZIP	CONTACT				
NAME AND CITY OF LAST SCHOOL ATTENDED				DATE OF WITHDRAWAL MO/DAY/YEAR					
SCHOOL PERMISSION: APPLICANTS 16 YEARS OF AGE, OR APPLICANTS 17 YEARS OF AGE WHO HAVE NOT BEEN OUT OF SCHOOL FOR 6 MONTHS, MUST HAVE WRITTEN PERMISSION OF AN AUTHORIZED SCHOOL OFFICIAL (HEAD PRINCIPAL OR SUPERINTENDENT) OF THE LAST SCHOOL ATTENDED ON SCHOOL STATIONARY AND SUBMITTED WITH THE APPLICATION. HOME SCHOoled APPLICANTS 16 OR 17 YEARS OF AGE MUST HAVE A LETTER OF PERMISSION FROM PARENTS OR GUARDIANS.				HIGHEST GRADE LEVEL COMPLETED 4__ 5__ 6__ 7__ 8__ 9__ 10__ 11__ 12__					
Today's Date _____ _____ Tribal Identification Card or Statement _____ Release of Information _____ Request for Information Comments:									
OFFICIAL USE ONLY	DEPOSIT NUMBER		MUST RETAKE		NOT ELIGIBLE UNTILL				
SIGN HERE =>				ADDRESS AND CITY			STATE	ZIP	