

Fighting Back Santa Maria Valley's Parent Project® Class Registration Form

Please indicate your language preference so we can better serve you:

_____ English _____ Spanish _____ Other _____

Parent Name: _____ Date of Birth: _____

Teen Name: _____ Date of Birth: _____

JID #: _____

Referral Source: _____ School: _____

Name of Person from Referral Source: _____

Telephone of Referral Source: _____

Address/ Telephone:

Fax to: **805-614-4192**

Fighting Back Santa Maria Valley

Student Signature _____ Parent Signature _____

I understand that there are requirements that will be explained to me by Fighting Back Santa Maria Valley (FBSMV), my school, parent, Santa Barbara County Probation, and/or other referring agencies. I give my permission to FBSMV to consult with the above referring source about my participation in the above mentioned forum. I have read or had read this agreement and I understand its meaning.

Parent and youth must participate in order to receive credit

(\$50 fee will be reimbursed on completion of course for school-based referrals)

Sponsored By:
**Fighting Back Santa Maria Valley, Santa Maria Police
Department, Santa Barbara County Probation and your
local School Districts.**
2175 South Bradley Road
Santa Maria, CA 93454

