



\*\*\*\*\*CONFIDENTIAL\*\*\*\*\*



First Class Homeschool Co-op

Kitsap County

Membership Application--Background Screening

*Information will be used to run a WSP Criminal History Request.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Maiden or Alternate Names: \_\_\_\_\_

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

Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: \_\_\_\_\_

Attach copy of current Drivers License or Military ID

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Office Use Only: