



IDAHO STAR

Skills Training Advantage for Riders

STUDENT REGISTRATION

PERSONAL DATA

Drivers License # _____ Daytime Phone _____
 State Issued _____ Evening Phone _____
 First Name, Middle Initial _____ Cell Phone _____
 Last Name _____ Date of Birth _____
 Address _____ Circle One Male / Female
 City, State, ZIP _____
 County _____
 Email Address _____

Do you have any limitations or medical conditions that might affect your coordination or your ability to operate a motorcycle? Yes _____ No _____

If Yes, please describe: _____
Note: If you need accomodations (e.g.: ASL interpreter, oral test administration, etc.), notify the STAR office at least 2 weeks prior to your class start date.

RIDING EXPERIENCE

1. Can you ride a bicycle? Yes _____ No _____
 2. Please select the best description of your motorcycle riding experience:
 Never ridden _____
 Passenger only _____
 Dirt only _____
 Street Riding _____
 3. Have you ever taken a motorcycle safety course before? Yes _____ No _____
 4. Do you currently own a motorcycle? Yes _____ No _____
 5. If so, what make/model? Make _____ Model _____

HOW DID YOU HEAR ABOUT STAR?

Circle all that apply:

Brochure	Friend/Family Member	School	Driver Licensing
Dealer	Driver's Education	Police	Military
Newspaper/TV/Radio	Club	Internet	Employer

Please return to:
 Idaho **STAR** Program
 3500 W. Chinden Blvd
 Boise, ID 83714
 Toll Free 1-888-280-**STAR** (7827)
 Phone 208-639-4540
 Fax 208-639-4550