



Moniteau School District Golden Pass Application

Applicant Name _____

Applicant Home Address _____

Applicant MUST be a District Resident

Applicant Date of Birth ____ / ____ / _____

Applicant Signature _____

Date ____ / ____ / _____

Approved By _____

Date ____ / ____ / _____

Please complete this form and return it to the High School Office with a copy of the applicant's Photo ID