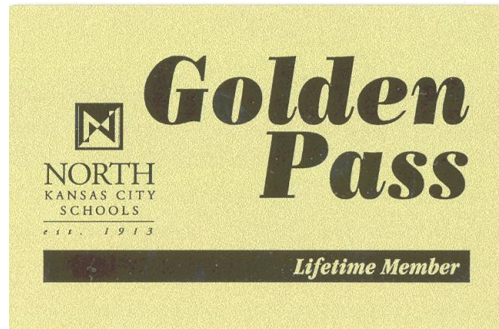




NORTH  
KANSAS CITY  
SCHOOLS

est. 1913



**YES**, I am 62 years of age or older, live in the boundaries of **North Kansas City Schools** and would like to receive the **Golden Pass**.

Name \_\_\_\_\_

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

Name (Spouse) \_\_\_\_\_

Date of Birth (Spouse) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ New Card                      \_\_\_\_\_ Replacement Card

Please return to:

Community Education Services  
3100 NE 83<sup>rd</sup> Street, Suite 2400  
Kansas City, MO 64119