

**PROFESSIONAL DRIVING SCHOOL**

**STUDENT REGISTRATION FORM**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
IF LAND-LINE STUDENT MOM DAD

Parent/Guardian \_\_\_\_\_  
MOM DAD

Emergency Contact \_\_\_\_\_  
A person to contact if parent/guardian is unavailable NAME PHONE # RELATIONSHIP

How did you learn about our driving school? \_\_\_\_\_

**MEDICAL INFORMATION**

Please circle below any handicaps or limitations that your son/daughter may have:

Serious Illness	Yes	No	Heart Condition	Yes	No
Hearing Problem	Yes	No	Epilepsy	Yes	No
Corrective Lenses	Yes	No	Other Seizures	Yes	No
Diabetes	Yes	No	Allergies	Yes	No

If yes, please explain: \_\_\_\_\_

Does your son/daughter have any specific health problems or take any medication which would prevent or limit participation in any phase of the Driver's Education Program?  
Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Does your son/daughter have a reading difficulty?  
Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**AUTHORIZATION FOR DRIVING**

THE STATE REQUIRES US TO HAVE ON FILE A LETTER AUTHORIZING US TO DRIVE YOUR STUDENT WITH NO OTHER STUDENT IN THE CAR, WHEN CONDITIONS REQUIRE SUCH.

WE RARELY HAVE THIS SITUATION ARISE, BUT OCASSIONALLY ANOTHER STUDENT DOES NOT SHOW UP TO DRIVE AND YOUR STUDENT IS THE ONLY STUDENT. THIS LETTER ON FILE WILL ENABLE US TO DRIVE YOUR STUDENT.

\_\_\_\_\_ YES, I AUTHORIZE PROFESSIONAL DRIVING SCHOOL TO DRIVE MY TEENAGER AS THE ONLY STUDENT IN THE CAR, WHEN THE NEED ARISES.

\_\_\_\_\_ NO, I DO NOT WANT MY TEENAGER AS THE ONLY STUDENT IN THE CAR.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR GUARDIAN