



STUDENT REGISTRATION FORM

Student Name _____ Birth Date _____

Sex: Male _____ Female _____ E-Mail: _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____

Parent/Guardian _____
STUDENT MOM (Guardian) DAD (Guardian)

_____ MOM (Guardian) DAD (Guardian)

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:

Glasses/Contacts	Yes	No	Fainting Spells	Yes	No
Serious Illness	Yes	No	Heart Condition	Yes	No
Hearing Problem	Yes	No	Epilepsy	Yes	No
Diabetes	Yes	No	Other Seizures	Yes	No
			Other	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