

OFFICE USE ONLY:

Reading Test: Yes ___ No ___ N/A ___ Paid: Check # ___ MO# ___ Cash ___

Drivers Education***SUMMER 2021******STUDENT INFORMATION:***

Last Name _____ First Name _____ Middle Name _____

Male or Female Current Grade _____ Age _____ Birth Date: ____ / ____ / ____
(circle one) Year will Graduate: 20_____

Address _____ City _____ Zip _____

Student's Cell Phone: _____ - _____ - _____

Emergency Contact Name and Phone (not parent) _____

PARENT OR GUARDIAN INFORMATION:

Name: _____ P/G Cell # : _____

Signature of Parent _____

You will be notified only IF you do not get in the class requested. Your receipt is your only notification that you are in the class.**Please check which session you chose:****1) June :_____****2) July :_____**