

DRIVER EDUCATION REGISTRATION FORM

*Students must be 14 ½ years old to participate in Driver Education.
To enroll, please complete the following registration form and return to the school office.*

1. FULL NAME AS ON BIRTH CERTIFICATE:

FIRST: _____ MIDDLE: _____ LAST: _____

2. HOME ADDRESS: _____

CITY _____ STATE _____ ZIP _____

3. PARENTS / GUARDIAN'S NAME: _____

4. HOME PHONE: _____ CELL PHONE: _____

PARENT (S) OR GUARDIAN PHONE: _____

5. BIRTHDATE: _____ SCHOOL NAME: _____

6. CIRCLE ONE: A. I NEED CLASSROOM AND DRIVING. B. I NEED DRIVING ONLY.

7. If you need driving only, list name, city, and state of school where you completed classroom:

School Name: _____ City & State: _____

8. Please provide your E-Mail address so we may send registration confirmation and class details:

Student Signature: _____ Parent Signature: _____

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