

Hanaoka's Driving Institute

Behind- The- Wheel- Certification

Phone: (808) 551-7282

Date: _____

Student Name: Lastname _____ Firstname _____

Address: _____ City _____ Zip _____

Home Ph: _____ Phone #2 _____

Birthdate: ____/____/____ Age _____ High School _____

Driver Permit No. _____

Issue Date ____/____/____ Expiration Date ____/____/____

Parents or Guardian Name : _____ and/or _____
Father Mother

In Case of Emergency , Notify : _____ Phone: _____

_____ Phone: _____

Parents' / Guardian Approval

I hereby give consent for my son/daughter _____ to be enrolled in
Hanaoka's Driving Institute

Parent / or guardian Name: _____
Father's Signature Mother's Signature

Official Use Only

Behind –the-wheel Completion Date : _____ Certificate No# _____