



Driver Education Registration Form

Please print the name exactly as it will appear on the Certificate of Completion:

Student Information:

Registration Date: _____

Last Name: _____

First Name: _____

Date of Birth: _____

Last 4 Digits Security #: _____
(Required)

Address: _____

Telephone Contact: Home: _____ Cell: _____

E-mail (optional): _____

Parent / Guardian / Emergency Contact Information:

Name: _____ Relationship to Student: _____

Telephone Contact: Work: _____ Cell: _____

E-mail (optional): _____

Name: _____ Relationship to Student: _____

Telephone Contact: Work: _____ Cell: _____

PARENT SIGNATURE REQUIRED: _____

Scheduling Information:

TYPE:		CLASS DATES/DRIVING TIMES	LOCATION:	
	One-on-One			Orlando
	TLSAE 4HR Class			Casselberry
x	30+6 Regular Course (w/ BTW)			Kissimmee
	30+6 Private Course			Clermont
	30+6 Classroom Only (w/o BTW)		x	Ambassador

Notes: _____

