



Office Use Only

Date Form Is Turned In: _____

Date of Class: _____

Student Notified: _____

Receipt # ____

DRIVER EDUCATION REGISTRATION FORM

(PLEASE PRINT)

FULL NAME AS IT APPEARS ON BIRTH CERTIFICATE:

STUDENT NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ **(PLEASE PRINT)**

BIRTHDATE: _____ WHAT GRADE IN SCHOOL? _____

CLASS DATES FOR 2016-17 ARE LISTED BELOW:

PLEASE INDICATE YOUR 1ST, 2ND AND 3RD CHOICES

	September 9-23, 2019	3-6pm
	October 28 - November 8, 2019	3-6pm
	December 2-16, 2019	3-6pm
	January 27 - February 7, 2020	3-6pm
	March 9-24, 2020	3-6pm
	April 20 - May 1, 2020	3-6pm
	June 15-19, 2020	8:30am-2:30pm
	July 13-17, 2020	8:30am-2:30pm

**Registration form and fee must be paid in the school office.
You will be assigned to a class at time of registration.**