

DRIVE TECH

DRIVER EDUCATION REGISTRATION FORM STUDENT INFORMATION (As it appears on the instruction permit)

Please indicate the session you want to enroll in: Session Number: _____

Legal Name: _____
First Middle Last

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Phone: _____

E-Mail Address: _____ Permit # _____

Does this student participate in any special education programs that require modifications and accommodations as part of their education program? _____yes _____no (If yes please explain)

Does this student have any physical or mental disabilities? _____yes _____no (If yes please explain)

PARENT OR GUARDIAN INFORMATION

Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City: _____ Zip: _____

E-Mail Address: _____

I Allow Do Not allow my information to be released according to FERPA regulations