

# DRIVE TEK

## DRIVER EDUCATION REGISTRATION FORM

Please indicate the session you want to enroll in: Session Number: \_\_\_\_\_ Location \_\_\_\_\_

### STUDENT INFORMATION (Please Print)

Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

First , Middle, Last (As it appears on the instruction permit)

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Permit # \_\_\_\_\_

Current School District of Attendance \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

### NAME OF PERSON RESPONSIBLE OTHER THAN PARENT OR GUARDIAN

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

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 on back)

Does this student have any physical or mental disabilities? \_\_\_\_\_yes \_\_\_\_\_no (If yes please explain on back)

Return this form, along with your fees to Colfax Mingo High School. For more information call 515.327.1500 or toll free at 1.877.DRIVETE. A confirmation letter will be sent approximately 2 weeks before classes begin.

How did you learn about Drive Tek? TV \_\_\_\_\_ Radio \_\_\_\_\_ School \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_