

# DRIVE TEK

## DRIVER EDUCATION REGISTRATION FORM

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

### STUDENT INFORMATION (Please Print)

Legal Name: \_\_\_\_\_  
                    First                    Middle                    Last

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

Address: \_\_\_\_\_

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

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

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

E-Mail Address: \_\_\_\_\_

Instruction Permit # \_\_\_\_\_

Current School District of Attendance \_\_\_\_\_

School \_\_\_\_\_

### 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 Sioux Center High School Office. For more information call 515-327-1500 or toll free at 1-877-DRIVETE(K). Confirmation will be sent approximately two weeks before classes start.

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