

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 _____