

DRIVE TEK

DRIVER EDUCATION REGISTRATION FORM

Please indicate the session you would like to enroll in: Location: _____ Session _____

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 driver education fees to Saydel High School. For more information call 515.327.1500 Confirmation will be sent approximately two weeks before classes begin.

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