

DRIVE TEH

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
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 to Charles City High School along with your fees. If you would like more information please call 1-877-374-8383