

# 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 (As it appears on the instruction permit)  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Permit # \_\_\_\_\_  
Current High School 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 registration fee to Abraham Lincoln HS or Thomas Jefferson HS. 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.