

DRIVE TEK

DRIVER EDUCATION REGISTRATION FORM

Please indicate the session you want to enroll in: Session Number: _____ Location _____

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 registration fee to Decorah High School.

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