



DRIVE *SAFE*. DRIVE *SMART*. IT'S ALL ABOUT YOUR *ATTITUDE!*

## STUDENT REGISTRATION FORM

*\*\* Please print full name as it appears on your issued license\*\**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Contact Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home [ ] Cell [ ]

Email Address: \_\_\_\_\_

Learner / License Number: \_\_\_\_\_

Restrictions: Type: \_\_\_\_\_ - \_\_\_\_\_

Student's School Name / Location: \_\_\_\_\_

Employer's Name / Location: \_\_\_\_\_

Are there any special needs that we should be aware of: YES [ ] NO [ ]

*If yes, please discuss the matter with the staff. We ask this only to better serve the student and accommodate any matters that are presented. All information remains confidential.*

Emergency / Parent / Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home [ ] Cell [ ] Work [ ]

Emergency Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home [ ] Cell [ ] Work [ ]