



134 S. 4th St
PO Box 1883
Salina, Kansas 67402-183
785-833-6889
RoyalDrivingSchoolSalina@gmail.com

Application Date _____

Student Legal Name _____

Student Phone # _____ First _____ Middle _____ Last _____ Text? [] YES [] NO

Student Email _____

Address _____ City, ST _____ ZIP _____

Parent Name _____

Parent Phone # _____ Text? [] YES [] NO

Parent Email _____

Student Information

Birthdate (MM/DD/YYYY) _____

Social Security Number _____

Passport: [] YES [] NO Birth Certificate: [] YES [] NO

Sex: [] Male [] Female Height _____ Weight _____

Eye Color _____ Glasses or Contacts: [] YES [] NO

Resident of Kansas: [] YES [] NO

Instruction Permit: [] YES [] NO IP# _____ Exp. Date _____

Has your license ever been suspended or revoked or has an application been refused? [] YES [] NO

In the last 6 months, have you attempted and failed any testing 4 times at a Kansas Driver's License Exam Station? [] YES [] NO

Do you have any physical limitations that may require car modifications? [] YES [] NO

Do you currently have any physical, medical or mental conditions that could make it difficult to operate a vehicle safely? [] YES [] NO

If YES, please explain: _____

Have you had a seizure in the past 6 months? [] YES [] NO

Are you in drug or alcohol rehabilitation? [] YES [] NO

I certify that the above statements are true and correct.

Student's Signature _____ Date _____