

Drive Wise Registration Form

Student Information

Date and location of class desired: _____

Name (full, legal): _____

First

Middle

Last

Address on permit: _____

City: _____ Zip: _____

School Attending: _____ Birthdate: _____

Home phone: _____ Cell phone (student's): _____

Student Email address (not parent's): _____

Permit Number: _____ Issue Date: _____ Exp. Date: _____

Student Signature: _____

Parent/Guardian Information

Name: _____

First

Last

Address (if different from above): _____

City: _____ Zip: _____

Home phone: _____ Cell phone: _____

Parent Email address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relation to student: _____

Phone Number(s): _____

Does the student have any disabilities? If so, please explain.

Does the student qualify for Free and Reduced Lunch program? Y/N

Please deliver, email, or mail the registration form, \$50 deposit and **a copy of driving permit** to:

Drive Wise | 1413 S Lakeview Dr | Clear Lake, IA 50428

Please call 641-529-2003 or 641-420-1054 with any questions. Credit cards accepted!

Card #: _____ Expiration date: _____ Amount: _____ CVC _____

*****PLEASE NOTE:** The total cost of \$325 includes the \$50 deposit due at the time of registration. Should a parent and/or student decide to cancel their registration from a class; all money paid will be refunded to them excluding the \$50 deposit. All correspondence with student will also go to parent.

****I understand that it is my responsibility to notify Drive Wise program if my child's permit has been suspended during the duration of his or her class time.**

Parent Signature: _____

For more information call or email:

Drive Wise 641-529-2003 or 641-420-1054