

FYN SAFETY CONSULTANT APPLICATION FORM

STUDENT INFORMATION

Last Name:	First Name	Middle Name:
Gender:	Date of Birth:	Age:
Permit Number:		Issue Date:
Note: a permit is NOT REQUIRED to attend the classroom sessions. It is REQUIRED for Behind-the-Wheel lessons		
Grade Level: Freshman Sophomore Junior Senior	School Attending	
Home Phone:	Cell Phone:	
Email address:		
Address:	City	Zip
Medical Conditions:		

PARENT/GUARDIAN INFORMATION

Primary Name:	
Primary Home Phone:	Primary Work Phone:
Primary Cell Phone:	Primary Email address:
Alternate Name:	
Alternate Home Phone:	Alternate Work Phone:
Alternate Cell:	Alternate Email Address:

Referred by:	Behind-the-Wheel (BTW) preference: ___ Robert Yoshida ___ Dale Hanaoka ___ Charvis Bush ___ Cyrus Okino ___ Scott Young Other: _____
--------------	---

Parent/Guardian/Student Driving School Agreement

- Please read the entire agreement, sign/date and return to: FYN Safety Consultant. Mail: 841 11th Ave Honolulu, HI 96816
- We recommend student be at least fifteen and a half (15-1/2) years of age to register for driver's education.

1. Classroom fees _____ Cash or check accepted. Please makes checks out to : FYN SAFETY CONSULTANT or FRED NAGAO. NOTE: BTW fees to be arranged with the BTW instructor.
2. Attendance: The student must successfully complete all classroom sessions. No refund shall be given for any student that does not successfully complete the 30 hr course.
3. Student Conduct: Students shall be dress appropriately for learning (i.e. shirt, shorts, footwear, no beach attire). While under instruction students shall obey all federal, state, and local laws, refrain from using profanity, being disruptive, argue with other students. A violation of any of these rules may result in the student being suspended from the class, resulting in failure of the class.
4. The parent/Guardian authorizes FYN Safety Consultant to use their child's name, video, or photography at any time and in any manner in connection with its advertising, publicity, website, and public relations program. If you do agree initial here: _____

I have read and agree to all the terms stated in the Parent/Guardian Agreement:

SIGNATURE:

Parent/Guardian:	Date:
Student:	Date:

For more information call: Fred Nagao at (808) 561-2828

Mail back to:
 Fred Nagao
 841 11th Ave
 Honolulu, HI 96816

Make checks payable to:
 Fred Nagao