STUDENT REGISTRATION FORM

Section 1: Student Information

Student Name: _____

Date of Birth: _____   Gender: Male ☐   Female ☐

Address: _____

City: _____   State: _____   Zip Code: _____

Phone: _____   Phone 2: _____

Email: _____

Section 2: Parent/Guardian Contact Information

Parent/Guardian 1 Name: _____

Relationship to Student: _____   Phone: _____

Email: _____

Parent/Guardian 2 Name: _____

Relationship to Student: _____   Phone: _____

Email: _____

Section 3: School Information

School Currently Attending: _____ Grade: _____

Section 4: Medical Information

Does the student have any medical conditions that the school should know about? *If none, please write N/A. If yes, please state the details:*

_____

Section 5: Package Selection

Full Program: ☐   Classroom Only: ☐   Behind-the-Wheel Only: ☐

Section 6: Class Selection

Skip to Section 7 if enrolling in BTW Only

Desired Class ID: _____ Start Date: _____

Section 7: Permit Information

Permit No. (if any): _____

Permit Issue Date: _____ Permit Exp Date: _____

Road Test Scheduled?   Yes: ☐   No: ☐   If Yes, Test Date: _____