

DRIVER EDUCATION REGISTRATION AND PARENT PERMISSION FORM

PLEASE PRINT ALL INFORMATION

STUDENT'S FULL LEGAL BIRTH CERTIFICATE NAME:

_____ FIRST _____ MIDDLE _____ LAST _____

STUDENT'S DATE OF BIRTH: _____
(for example: 12-18-92) MONTH DAY YEAR

STUDENT'S HOME PHONE # _____ CELL # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDENT IS CURRENTLY ATTENDING: _____ Ashby School _____ OTHER

If other, please list here: _____

Please check one of the following:

_____ My student **will be** taking behind the wheel lessons through Ashby School.

_____ My student **will not be** taking behind the wheel lessons through Ashby School.

PARENT OR COURT-APPOINTED LEGAL GUARDIAN INFORMATION:

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

I hereby give my permission for my son/daughter to enroll for **Driver Education** instruction offered by Independent School District #261 with the understanding that he/she will be under school supervision of a licensed professional instructor during the entire course. I will assist my child to meet the necessary schedule of classes and practice driving with him/her when the **permit** is earned.

TUITION MUST BE PAID PRIOR to class or behind the wheel training. If students are not paid they will not be allowed to start. (make check out to Ashby School – Put Dr. Ed. and student's name in memo.

The above information is correct to the best of my knowledge.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____

TUITION OF \$ _____ PAID BY(check one): DATE _____

_____ CHECK# _____ CASH _____ VISA/MASTERCARD

TUITION RECEIVED BY: _____
(SCHOOL OFFICIAL)