REGISTRATION APPLICATION





STUDENT INFORMATION- PLEASE PRINT

Student's Legal Name:			Class Date	:		
Date of Birth:	Age:	Email:				
Driver's License #:		Student P	hone Number:			
Address:	City: _		State:	Zip:		
PARENT OR LEGAL GUARDIAN INFO-PLEASE PRINT Parent/Guardian name:						
Phone number:						
Address (if different from stud	lent):					
Person to Notify in case of Em	nergency:					
Phone Number:	·	Relationship	p to Student:			
PARENT/GUARDIAN SIGN	ATURE:					
DATE:						

VEHICLE INFO- PLEASE PRINT

What vehicle will the stude	nt use for the course?	
Vehicle make:	Model:	Year:
Who is the vehicle registere	ed to (owner):	
Vehicle Insurance Policy N	umber:	
Expiration Date:	Insurance Company Name: _	
training program. If the ow	ng permission to use the above v vner/registration of vehicle is in a to sign for permission to use the	juvenile name, the parent
PARENT/GUARDIAN SIC	GNATURE:	
DATE:	_	
STUDENT SIGNATURE (if applicable):	
DATE:	_	