

Student General Information - First Class Driving School

Student Information

LAST NAME _____ FIRST NAME _____ INIT _____

Date of Birth _____ / _____ / _____ Current Age _____ Male Female
mm dd yyyy

Student High School _____ Grade _____

Phone (Home) _____ (Student Cell) _____

Students Email Address _____

Home Address _____

City _____ State _____ Zip _____

Parent or Guardian Name _____ Relationship to Student _____

Parent Email address _____

Phone Number (Home) _____ (Cell) _____

Address (if different from above) _____

PLEASE RETURN THIS FORM WITH A \$150 (classroom) DEPOSIT TO CONFIRM A RESERVATION. Payment for online class is made online to link provided.

How did you hear about FIRST CLASS DRIVER? Circle all that apply

Friends Internet Post Card Parent or Guardian School Other _____

Additional Information you would like us to know (medical/personal attention - we are here to help your child; Call information provided is strictly confidential.)
