STUDENT REGISTRTION FORM

Please fill out the form carefully for registration prior to your first lesson

**STUDENT NAME**

|  |  |  |
| --- | --- | --- |
|  |  |  |

First Middle Last

**DATE OF BIRTH**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Day Month Year

**DRIVER’S LICENSE #**

|  |
| --- |
|  |

**EXPIRY DATE**

|  |
| --- |
|  |

**ADDRESS**

|  |
| --- |
|  |

Address Line 1

|  |
| --- |
|  |

Address Line 2

|  |  |  |
| --- | --- | --- |
|  |  |  |

City State/Province/Region Postal Code

**GENDER**

|  |
| --- |
|  |

**PARENT or GUARDIAN INFORMATION**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name Phone Number Email Address

**EMERGENCY CONTACT**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Name Relation Best contact number

**STUDENT CONTACT INFORMATION**

|  |  |
| --- | --- |
|  |  |

Phone Number Email Address

**DO YOU HAVE ACCESS TO A CAR AND CO-PIOLET BETWEEN LESSONS?**

|  |
| --- |
|  |

**CURRENTLY, WHAT IS YOUR LEVEL OF EXPERIENCE?**

* Nervous or disinterested
* Eager and ready to roll
* Experienced on short drives in familiar locations
* I think I am okay, but occasionally still scare myself and/or co-pilot
* Quite experienced or previously licensed, just need a refresher
* Exit test preparation

**ADDITIONAL INFORMATION (MEDICAL) WE SHOULD KNOW ABOUT**

|  |
| --- |
|  |

**SIGNATURE**

|  |
| --- |
|  |

**DATE**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Month Day Year

**PARENT/GUARDIAN CONSENT**

By my signature below, I as parent or guardian give permission to release the personal information of my dependent to 9 and 3 Driving School Inc.

**SIGNATURE**

|  |  |
| --- | --- |
|  |  |

Signature Name (print)

**DATE**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Month Day Year