

DRIVER EDUCATION PROGRAM REGISTRATION FORM

Last Name _____ First Name _____

Address _____

Postal Code _____

School _____ Grade _____

Date of Birth _____ Cell or Home Phone _____
Day Month Year

Learners License Master Number _____ Expiry Date _____

If so, when can you take your road test? _____

Or: Do you hold a driver's license? _____ Expiry Date _____

Will you have access to a car at home to practice driving? _____

Is there any medical information that the driving instructor should be made aware of which could affect your behind-the-wheel session of the program? _____

Parent's Name _____ Parent/Guardian Phone _____

Parent's Email _____ Alternate Phone _____

Parent/Guardian (Signature required if applicant under age of 19)

I hereby give my consent for _____ to participate in the Driver Education Program.

I have received and read the letter to Students and Parents/Guardians. I realize that students are adequately covered by automobile insurance through the Crozier's Driving School Inc. and the Bridgewater Driver Training School and will not hold Crozier's Driving School Inc. and the Bridgewater Driver Training School or the instructor responsible in the case of accident(s). I agree to provide driving practice at home, if possible.

Parent/Guardian Signature _____ Date _____

Student Signature _____

Office Use

Location Classroom Session: _____
Date of Classroom Session: _____
Classroom Instructor: _____
Payment(s) _____

Certificate Number: _____
Date Certificate Issued: _____
Driving Instructor: _____
Test Result: _____