

DRIVER EDUCATION PROGRAM REGISTRATION FORM

Last Name _____ First Name _____

Address _____ Town _____

Email Address _____ Postal Code _____

School _____ Grade _____

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

Learners License Master Number _____

Issue Date of Learners 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/Guardian (Information and signature required if applicant under age of 19)

Parent's Name _____ Parent/Guardian Phone _____

Parent's Email _____ Alternate Phone _____

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: _____