

DRIVER EDUCATION PERMISSION SLIP

Student's Name _____ Birthdate _____

Home Address _____

City _____ Zip _____ Student's School _____ M ____ F ____

Student's Home Phone _____ Parent's Work Phone _____

Email Address _____

Year of high school graduation _____

Yes No

____ Do you live in the Moscow School District? If not, where? _____

____ Any special conditions or adaptations needed? If yes, briefly summarize.

(Information is confidential on a "need to know" basis) _____

Student agreement: I have received and have read the "Driver Education Information" sheet. I understand and agree to comply with the regulations, course requirements and other reasonable expectations of the instructor.

Student's Signature _____ Date _____

Parent/Guardian Agreement: I have received and have read the "Driver Education Information" sheet. My son/daughter is at least 14 years, six months of age (14 ½) and I wish to enroll him/her in the driver education program. I am aware of the \$135 fee, payable by the first class.

Parent/Guardian Signature _____ Date _____