Charles M. Whitten School of Driving, LLC.

Student Data Sheet (2010-2011)

** Students should be available to drive a minimum of two (2) hours per week. *this is a minimum*
** Circle the quarter class you wish to enrollee in. **Qtr 1 Aug 23-Oct 20** **Qtr2 Oct 21-Dec 20**
Qtr 3 Jan 10-Mar 15 **Qtr 4 Mar 21-May 23** (enrolled on a first received basis).
** Students have to reach their 16th birthday on or before the last day of the above enrolled class per state law.

In order to be pre-registered, you must return the signed contract, student data sheet, copy of your birth certificate and a **non-refundable** deposit of $100.00 payable to Charles M. Whitten School of Driving, LLC.

Are you under any ruling or court order delaying licensing? Yes / No *If yes you are not eligible for this class*

Student Legal Name: _____
First Middle Last

Physical Address: _____
Street Number Street Name

_____
City/Town State Zip Code

Mailing Address: _____
Street Number or Post Office Box

_____
City/Town State Zip Cole

Date of Birth: _____/_____/_____ Will you be at least 16 yrs old when the class ends? Yes / No
Do you wear corrective lenses? Yes / No *(if yes, please bring them to class with you)*
Do you have any medical condition or medication that may affect your driving? Yes / No

Parent/Guardian: _____/_____
First Last First Last

Parent/Guardian Email Address: _____

Phone Numbers: _____
Home Cell Work

Emergency Contact: *(other than above)*

Name: _____ Phone: _____Cell: _____

How many hours of driving have you driven? 0 5+ 10+ 20+ 30+

Student Phone: _____
Home Cell Work

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Revised July 2010