

# 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? \_\_\_\_\_

\_\_\_\_ \_\_\_\_ Is your child on a 504 Plan or an Individual Education Plan? If yes please explain below

\_\_\_\_ \_\_\_\_ 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 \$165 fee, payable before the first class.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_