

Charles M. Whitten School of Driving, LLC.

Student Data Sheet 2017- 2018 School Year

Circle ONE: FALL: 9/6-11/22 WINTER: 11/27-2/15 SPRING: 2/19-5/10 SUMMER: 5/14-6/27
(Tentative)

** Total fee (to include the non-refundable deposit) is \$700.00

** Students **MUST** attend ALL classes. Please see "attendance" outlined in the contract page.

** Students **MUST** be available to drive (2hrs) AND observe (2hrs) per week minimum during those class dates offered.

** Students **MUST** be 15 years and 9 months on or before the first day of class (per state law).

To pre-register students must return a signed contract, student data sheet, copy of birth certificate and a **non-refundable** deposit of \$200.00 payable to **Charles M. Whitten School of Driving, LLC.**

Are you currently under any ruling or court order delaying licensing? Yes/No If yes you're not eligible for class

Your Full 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 Code

Date of Birth: ____/____/____ Do you wear corrective lenses? Yes / No (if yes, bring to class)
Do you currently have any medical condition/medication that may affect your driving? Yes / No

Parent/Guardian: _____ / _____
First Last First Last

Email (parent/guardian) _____

Phone Numbers: _____
Home Cell Work

Emergency Contacts: Please list two (2)

1.Name: _____ Phone: _____ Cell _____

2.Name: _____ Phone: _____ Cell _____

How many "Behind the Wheel" hours of driving have you completed? 20 / 30 / 40 / 50+

Student Phone: _____
Home Cell Work

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____