

# Charles M. Whitten School of Driving, LLC.

Student Data Sheet 2016- 2017 School Year

**Circle ONE:** Qtr1 Aug 24-Oct 21 Qtr2 Oct 24-Dec 21 Qtr3 Jan 5-Mar 10 Qtr4 Mar 13-May 16

\*\* 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** reach their 16<sup>th</sup> birthday on or before the last day of scheduled 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 \$100.00 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: \_\_\_\_\_