

☐

Driving

☐

Classroom & Driving

☐

Pre-Paid



**“We won’t steer you wrong”**

**Phone: 808-725-4294**

**Safe and Sound Driving School**

**Date:** \_\_\_\_\_

**Student Name:** Last name \_\_\_\_\_ First name: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Phone #2** \_\_\_\_\_

**Birthdate:** \_\_/\_\_/\_\_ **Age** \_\_\_\_ **High School** \_\_\_\_\_

**Driver Permit** Yes \_\_ No \_\_

**If yes, Permit No.** \_\_\_\_\_ **and Issue Date** \_\_/\_\_/\_\_ **Expiration Date** \_\_/\_\_/\_\_

**Parents or Guardian Name:** \_\_\_\_\_ **and/or** \_\_\_\_\_

**Father**

**Mother**

**In Case of Emergency, Notify:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

— \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parents’/Guardian Approval**

**I hereby give consent for my son/daughter** \_\_\_\_\_ **to be enrolled**  
**in the Safe and Sound Driving School**

**I Parent/ or Guardian Name:** \_\_\_\_\_

**Father’s Signature**

**Mother’s Signature**

**Official Use Only**

**Classroom Completion Date:** \_\_\_\_\_ **Certificate No#** \_\_\_\_\_

**Behind-the-wheel Completion Date:** \_\_\_\_\_ **Certificate No#** \_\_\_\_\_

