

# Drivers Education Registration Form

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Permit Number \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Parents Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student's School \_\_\_\_\_

Year and Specific Session in Which You're Enrolling \_\_\_\_\_

## **DESCRIPTION OF CLASS**

This Driver Education Program is a time on task class. This means the student must be in the classroom for seven days, two hours and 50 minutes per day. **There are no exceptions to these requirements.** If the student does not complete these requirements, he /she will not pass the class or receive DMV Waiver.

The driving portion of the course will be arranged on an individual basis. If you understand and agree to the requirements of this class, please sign (parent and student) this page and return it along with the fee.

Parent Signature \_\_\_\_\_ Students Signature \_\_\_\_\_

## **How Did You Hear About Us?**

### **Check all that apply**

- Referral from a parent or student  
 Internet  
 Signs (Which Str. Location) \_\_\_\_\_  
 School Paper  
 Other \_\_\_\_\_

## **Important Notes:**

- ♣ Classes will be held at the VFW  
5083 S. 136<sup>th</sup> St
- ♣ Mr. Gordon's phone number:  
Office: 402-390-6002  
Cell: 402-676-2180

Please remit this form and payment (\$300) to:  
West Omaha Driving School, 6522 North 142<sup>nd</sup> Circle, Omaha, NE 68164.

Make checks payable to West Omaha Driving School.