

DRIVER EDUCATION APPLICATION

NAME _____

ADDRESS _____

PHONE NUMBER _____ DATE OF BIRTH _____

PERMIT NUMBER _____ DATE ISSUED _____

STUDENTS *MUST* HAVE A VALID LEARNER'S PERMIT FROM THE STATE OF VERMONT IN ORDER TO REGISTER.

STUDENTS MUST HAVE 10 HOURS OF PRACTICE PRIOR TO ENTERING THE COURSE.

By signing this application, I verify that I have read the information above and that my child has permission to take Driver's Education at Bellows Free Academy.

Parent Signature _____ Date _____

Please remember, if this application is not filled out correctly it will not be considered.

Once this application is received, you do not have to apply again. Your application will stay active until you receive a phone call or an e-mail from our office.

PLEASE CHECK ONE OR BOTH

MORNING CLASS: 6:15 – 7:15 a.m.

AFTERNOON CLASS: 3:00 – 4:00 p.m.

STAMPED RECEIPT

Morning class: 6:15 A.M. – 7:15 A.M. in Room C-208

Afternoon class: 3:00 P.M. – 4:00 P.M. in Room C-208

When you turn in your application we will stamp both your application and a receipt. Please retain your stamped receipt as proof that your application was received.

Driver's Ed Application received

From: _____

YOUR APPLICATION WILL REMAIN ON FILE

If you do not qualify for these two classes, your application will remain on file. Your application will automatically be activated for the next two classes.