



STUDENT INFORMATION

Student Name: _____

Class Start Date _____

Address:	
City, State, Zip:	
Home Phone:	
Cell Phone:	
Student Email:	
Date of Birth:	
High School:	
Permit #:	
Wear Glasses:	
Sex:	
Parent Name:	
Parent Phone:	
Parent Email:	
Emergency Contact:	
User Name:	
Password:	
Please make corrections/additions to the above information and return along with payment to the first classroom session. Please make a copy for your records.	

I acknowledge I have read and understand the Nelson Driving School, LLC Student Policies.

Student Signature

Parent Signature

<i>OFFICE USE ONLY</i>			
Amount Paid _____	Check # _____	Date Paid _____	Rec'd by _____