

NORTHERN HUMBOLDT ADULT EDUCATION

DRIVERS TRAINING REGISTRATION FORM

Student Name: _____

Birth date: _____ Phone: _____

Address: _____

School of Attendance: _____

PLEASE CHECK ONE:

_____ Arcata High School _____ McKinleyville High School _____ Other

IF YOU HAVE A PREFERENCE, PLEASE CHECK BOX:

{ } Afternoon: hours to be arranged with instructor.

{ } Saturday/Sunday:

Six, TWO HOUR SESSIONS to be arranged with instructor

Four, THREE HOUR SESSIONS to be arranged with instructor

Drivers Education Completion Date: _____

DO YOU HAVE YOUR PERMIT?: YES _____ NO _____

Student Signature

Date

Parent/Guardian Signature

Date

Emergency Contact: _____

Name

Phone #

HIGH SCHOOL STUDENTS MUST MEET THESE REQUIREMENTS:

1. The student's high school schedule meets the minimum 240/150 minutes per day required.

Signature: Counselor/Administrator _____

Receipt:
Class Fee _____
Rec'd By _____
Date _____
Cash _____ Check _____
Online _____

Assigned Instructor: _____

Date Assigned: _____