Springfield Driving School

Registration for Behind-Wheel Driving

Contact Information

Student's Name:	Student's Phone Number:
Street Address: City: State: Zip:	Parent/Guardian's Name:
Student's Birthday: Age:	Parent/Guardian's Phone Number:
Additional Information	
Are there any medical conditions that could impact the stability to drive (vision, blood sugar, seizures, etc)? Yes No	tudent's If yes, please explain:
Driver's License/Permit Number:	Issuing State: Expiration Date:
Has the student already taken the DMV Road Test? Yes; passed Yes; did not pass Not yet taken	If yes, how many times has the student attempted the DMV Road Test?
My child has permission to ride with the instructor alone Yes No	If your child cannot ride with the instructor alone, who has permission to accompany them during their lesson? Name & Relationship to Student:
Preferred Driving Time(s): Weekdays After School:MondayTuesday Weekends:Saturday MorningSaturday A Please initial that you have read and understand the fo	AfternoonSunday MorningSunday Afternoon
The student will be driving on the streets in Springs county roads, highways, on/off ramps, etc The student will meet the instructor at an agreed up or guardian. Payment should be made in the form of cash or che \$60.00 for one-hour session or \$340.00 for 6 hours of driving the streets in Springs.	ying lessons. Checks should be made payable to: Springfield Driving School 24-hours in advance of the lesson. Failure to cancel within 24-hours of a
Parent/Guardian's Printed Name Sign	nature Date
Contact Information: Bill Nelson, Springfield Driving School 3702 N Huntington Ave Springfield, Mo 65803 417-351-8650	How Did You Hear About Us: Online Website Facebook Referred By: Other: