Office Use Only:
Receipt # _____
Date Paid: _____

*Name:*_____

UNITY REED HIGH SCHOOL
DRIVER EDUCATION DEPARTMENT
STUDENT INFORMATION SHEET

Name_____
(First) (Middle) (Last)

Student: # _____ Grade Level: _____ Birth Date: _____

Address:_____ Home Phone: _____

Parent/Guardian Email: _____

Parent/Guardian:_____ Work Phone: _____

Learner's Permit Customer Identifier: _____ Date Issued: _____

Date after holding permit for 9 months: _____

Date student will be 16 and 3 months old: _____

Driving Experience:

# of Hours of Guided Practice with parents: _____ **(students must have a minimum of 10 hours to register)**

- ☐ Driveways
- ☐ Residential
- ☐ City
- ☐ Open Roads
- ☐ Parking Lot
- ☐ Interstate (ie: I-66, I-95)

** Payment is due at the time of registration**