

JORDAN DRIVING SCHOOL, INC.
"A Quality Program"

WAKEFIELD HIGH SCHOOL
DRIVER EDUCATION REGISTRATION FORM

1. Full Name as it appears on your Birth Certificate:

(First) (Middle) (Last)

2. Social Security Number: _____

3. Give the name you would like to be called: _____

4. Parent Name: _____

5. Home Address: _____

6. Telephone Number: _____

7. Parents Work Numbers: (Mom) _____ (Dad) _____

8. Birth Date _____
Month/Day/Year

9. Check your needs: () I need classroom and driving
() I need driving only

DATES TO SIGN UP FOR:

APRIL 8TH – APRIL 19TH

Note: (Driver Education is only offered after school and driving on Saturday)

(Student Signature and Date)

(Parent Signature and Date)

PLEASE PUT THE NAME OF YOUR PHYSICAL EDUCATION TEACHER

NOTE: Students must turn in a registration form to be scheduled for driver education.
Students must be 14 ½ years of age before taking the classroom or behind-the-wheel
instruction.

*****PLEASE TURN COMPLETED FORM INTO GUIDANCE OFFICE IN THE MAILBOX MARKED DRIVERS
ED FORMS.