



Shelley School Dist. 60

DRIVERS EDUCATION APPLICATION

Student's Name: _____

Address: _____

Telephone Number: _____

Parent /Guardian: _____

Parent/Guardian Phone #: _____

Student Date of Birth: Month _____ Day _____ Year _____

Requirements:

- Student must be at least 14 ½ before the start of the class
- Student must be a resident of Shelley School District 60

****TURNING IN THE APPLICATION DOES NOT GUARANTEE STUDENT A SPOT IN THE NEXT CLASS. ALL APPLICANTS WILL BE SELECTED ACCORDING TO DATE OF BIRTH - OLDEST TO YOUNGEST BASED ON APPLICATIONS ON FILE****

Student Signature:

Parent /Guardian Signature:
