Text Returned YES-NO Contract received YES-NO

NO

Great Falls Public Schools DRIVER EDUCATION ENROLLMENT CARD

VISION TEST DATE________With Glasses YES-NO With Contacts YES-NO

With Contacts Y
Right Eye
Left Eye

Both Eyes

COMPLETE NAMES ONLY – NO NICKNAMES (Please Print)

			I.D. Number	
Last	First	Middle		
Address		Phone Number		
School Attending	Date of Birth	Age	Grade Level	Book Number
nstructor's Name:		School:		
Class Starting Date	Course Completion Date		Final Gra	de
Hrs	Hrs			Hrs
Classroom Hours	Behind the Wheel Hours		Observati	on Hours
Comments:				
Written Test: Waived ☐ yes ☐ no DW-115 Rev 5/23	DMV		Driving Test: Wa	nived □ yes □ no
Text Returned YES-NO Contract received YES-NO DRI COMPLETE NAMES ONLY – NO I	Great Falls Public S IVER EDUCATION ENRO NICKNAMES (Please Print	LLMENT	CARD I.D. Number	VISION TEST DATE: With Glasses YES-NO With Contacts YES-NO Right Eye Left Eye Both Eyes
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