

Date of App: _____ Deposit
Date _____

\$100 Deposit Required to be paid
online _____

\$350 Payment _____

\$300 Payment Drive Only _____

MOV ESC DRIVING SCHOOL #4220-2766
STUDENT APPLICATION-ONLINE

____ **Both** ____ **Drive Only**

Last Name: _____ Grade: _____

First Name: _____ M.I. _____ Birthdate: _____

Address: _____

Phone Number: _____ School: _____

Permit # _____ Issue Date: _____

Extra-Curricular Activities: _____

Parents and/or Guardian (Address Correspondence to)

Father: _____ Home Phone: _____

Address: _____ Work Phone: _____

Mother: _____ Home Phone: _____

Address: _____ Work Phone: _____

_____ email address _____

Emergency Contact: _____ Home Phone: _____

Relationship: _____ Work Phone: _____

Medical Information and Release

Doctor: _____ Phone #: _____ Hosp: _____

Allergies: _____

Medications: _____

_____ has my permission to transport my child, _____
to _____ (Hospital) in case of an emergency.

Parent/Guardian Signature: _____ Date: _____

To the best of my knowledge, all of the above information is correct and true.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____