Medford High School

489 Winthrop St

Medford, MA 02155

Driver Education

REGISTRATION FORM

Please fill out the top and return with your down payment

Full Legal Name (Last/First):_____

Date of Birth: _____ **Homeroom:** _____

Address: _____

Cell Phone Number: _____

School Email: _____

Parent Name: _____ **Parent Phone #:** _____

Learner's Permit #: _____ **Date of Permit:** _____

(leave blank if you don't have one yet)

Office Only:

Course Requirements:

Class Hours ☐

Parent Class ☐

Driving Hours ☐

Observation Hours ☐

Payment ☐

Payments:

_____

_____

_____