

Text Returned YES-NO
Contract received YES-NO

Great Falls Public Schools
DRIVER EDUCATION STUDENT INFORMATION

VISION TEST DATE _____
With Glasses YES-NO
With Contacts YES-NO
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 _____

Instructor's Name: _____ School: _____

_____ Class Starting Date _____ Course Completion Date _____ Final Grade _____

_____ Hrs _____ Hrs _____ Hrs
Classroom Hours Behind the Wheel Hours Observation Hours

Comments: _____

Written Test: Waived yes no DMV Driving Test: Waived yes no
DW-115 Rev 4/2026

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