

STUDENT AND PARENT INFORMATION FORM

PLEASE PRINT CLEARLY

FULL NAME: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

DATE OF BIRTH: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

LEARNERS PERMIT NUMBER: S _____

ISSUE DATE: _____ EXPIRATION DATE: _____

PARENT #1 NAME: _____

ADDRESS: _____ ZIP CODE: _____

DRIVING LICENSE NUMBER: S _____

CELL PHONE NUMBER: _____

PARENT #2 NAME: _____

ADDRESS: _____ ZIP CODE: _____

DRIVING LICENSE NUMBER: S _____

HIGH SCHOOL STUDENT ATTENDS: _____

AVAILABLE WEEKENDS: SATURDAY _____ SUNDAY: _____

BEST DRIVING SCHOOL INC

90 MADISON ST, SUITE 404

WORCESTER, MA 01608

508-754-2378

www.bestdrivingschoolinc.com

SUMMER VACATION DRIVING SCHOOL

JULY 6-10

PARENT CLASS: SATURDAY, JULY 11

Classes are held in person, 9 AM. to 3:30 PM.

Doors to the building are locked. We will let you in.

Classes are small, with only 8 to 10 students on a first-come basis.

Please don't hesitate to mail in your **\$299** deposit
to reserve your spot.

Thank you for choosing Best Driving School!