

REGISTRATION INFORMATION – DRIVER EDUCATION

Lebanon 24-25 School Year

This information must be your legal information as shown on your birth certificate. Please print.

Student's First Name Full Middle Name Last Name _____ Date of Birth: ____/____/____

Mailing address (Must include Street even if you have a PO Box, City/Town, State, ZIP)

Phone # Home _____ Students Cell # _____
Student E-mail address (required) _____
Parent email (you use regularly) _____

Parent/Guardian

First Name Last Name Phone #

Where do you go to school? _____

Parent and Student have read and agree to the policies in the Twin State Driving Student & Parent Handbook available on our website. Parent Initials _____ Student Initials _____
I understand Twin State Driving cars have in-car cameras recording all drives. Parent Initials _____

Will you be in a sport, band, drama, another activity or have a job during class? What is that activity?

Have you notified/talked to your coach, or activity leader? _____

After School Classes: Quarter #1 _____ Quarter #2 _____ Quarter #3 _____ Quarter #4 _____
Night Classes: Fall _____ Winter _____ Spring _____
Summer '25 _____

The best time to complete the driving portion of class is during a student's study hall or free time. Please indicate your student's availability for the corresponding class session. Every effort will be made to place your student in a study hall drive time, however, many students have the same study hall and may have to drive after school.

Free Time/ Study Hall period _____
Is there anything unique to your schedule we should be aware of? _____

Does your student have an IEP or a 504??? Y/N Students with an IEP or 504 must make plans and requests for accommodations needed **before** the class begins. Please send a copy of your IEP/504 with your registration form. We may request/require a meeting to discuss accommodations.

In an effort to ensure this is a successful positive experience, is there anything we should know about your student that may affect their performance in the program? _____

Parent's/guardian's signature _____ date _____

