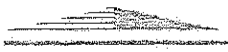
PROFESSIONAL DRIVING SCHOOL INC

Cuyahoga County Locations:				
15722 Lorain Ave..	Cleveland	Ohio	44111	216-941-6888
13427 Detroit Rd.	Lakewood	Ohio	44107	216-221-8881
4915 Turney Rd.	Garfield Hts.	Ohio	44125	216-883-4520
26777 Lorain Rd.	N. Olmsted	Ohio	44070	440-979-9930
14952 Pearl Rd.	Strongsville	Ohio	44149	440-846-0073
105 Front St.	Berea	Ohio	44017	440-243-3870
Lorain County Locations:				
~~753 Avon Beldon Rd~~	~~Avon Lake~~	~~Ohio~~	~~44012~~	~~440-933-2378~~
4365 Oberlin Ave.	Lorain	Ohio	44052	440-960-1513
7085 Avon Belden Rd.	N. Ridgeville	Ohio	44039	440-327-4403
Trumbel County Location:				
120 Maple Dr.	Newton Falls	Ohio	44444	216-941-6888

Please print the information according to your temps:

Applicants Name: ______________________________ Date: ____/____/______

Address: ______________________________ City: ______________ State: __________

County: ______________ Zip: ______________

Home Phone: (____)__________ Cell Phone: (__)__________ Work Phone: (____)__________

High School: ______________

License #: ______________ Validation Date: ______________ Expiration Date: ______________

Age: __________ Date of Birth: ______________ (must be at least 15 years and 5 months of age to start)

E-mail address: ______________________________

Receipt # 1__________ Receipt # 2__________ Receipt # 3__________ Receipt # 4__________

Medical Release Form

This form is required before students may participate in the car portion of Driver Education.

Student Name ______________________________ Age ______________

Parent / Guardian Name ______________________ Home phone __________ Work Phone __________

Doctor's Name ______________________ Doctor's Phone ______________

Hospital ______________________________

My child has the following medical conditions that may affect him/her in the car: ______________________________

____

In the event neither parent nor the doctor listed above can be contacted, I hereby authorize Professional Driving School or his designee to obtain emergency medical care for my child when, in the opinion of a physician and surgeon license under the provisions of the Medical Practice Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parents or family doctor. I understand that Professional Driving School has insurance which pays for the medical or hospital costs that might be incurred on behalf of my child while in an accident in our car. Consequently, I understand that any other costs shall be my sole responsibility.

Parent / Guardian signature ______________________________ Date ______________