



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
4824 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

Lorain County Locations:

753 Avon Beldon Rd	Avon Lake	Ohio	44012	440-933-2378
4365 Oberlin Ave.	Lorain	Ohio	44052	440-960-1513
7079 Avon Belden Rd.	N.Ridgeville	Ohio	44039	440-327-4403

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: _____ Sex: _____ Date of Birth: _____

(must be at least 15 years and 5 months of age to start)

E-mail address: _____ Driving Experience. _____
Approximate hours

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 _____