



Please print the information:

This form is **required** before student may participate in any
Classroom portion of Drivers Education.

Date: ___/___/___

Applicants Name

I/We hereby agree to the terms of wearing **my own mask** during all **Classroom training**. Failure to do so **will** result in being removed from Classroom / Behind the wheel and may result in an additional fee of **\$30.00** cash which must be paid in full by the student's next scheduled session.

Adult Student Signature _____ Date _____