



Please print the information:

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

Date: \_\_\_/\_\_\_/\_\_\_\_\_

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Applicants Name

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Parent/Guardian Name

I/We hereby agree to the terms of wearing **my own mask** during all **Classroom and or all Behind the wheel 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_