



Cuyahoga County Locations:

<input type="checkbox"/>	15722 Lorain Ave..	Cleveland	Ohio	44111	216-941-6888
<input type="checkbox"/>	13427 Detroit Rd.	Lakewood	Ohio	44107	216-221-8881
<input type="checkbox"/>	4915 Turney Rd.	Garfield Hts.	Ohio	44125	216-883-4520
<input type="checkbox"/>	26777 Lorain Rd.	N. Olmsted	Ohio	44070	440-979-9930
<input type="checkbox"/>	14952 Pearl Rd.	Strongsville	Ohio	44149	440-846-0073
<input type="checkbox"/>	105 Front St. UP	Berea	Ohio	44017	440-243-3870
<input type="checkbox"/>	6886 Pearl Rd. Suite 204	Middleburg Hts.	Ohio	44130	440-845-8272

Lorain County Locations:

<input type="checkbox"/>	753 Avon Belden Rd	Avon Lake	Ohio	44012	440-933-2378
<input type="checkbox"/>	4365 Oberlin Ave.	Lorain	Ohio	44052	440-960-1513
<input type="checkbox"/>	34100 Center Ridge Rd.	N. Ridgeville	Ohio	44039	440-327-4403
<input type="checkbox"/>	46130 Telegraph Rd Suite #1	Amherst	Ohio	44001	440-960-1513

Please print the information according to your temps:

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: OHIO

County: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_

High School: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Must be at least 15 years and 5 months of age to start)

E-mail address: \_\_\_\_\_@\_\_\_\_\_

License #: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Receipt # 1 \_\_\_\_\_ Amount \_\_\_\_\_ Receipt # 2 \_\_\_\_\_ Amount \_\_\_\_\_

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 : \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone : \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Hospital \_\_\_\_\_ Work Phone : \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_/\_\_\_\_/\_\_\_\_