ON-LINE DRIVER EDUCATION Buhler USD 313, Buhler, Kansas

PLEASE RETURN FORM AND MONEY TO BUHLER HIGH SCHOOL OFFICE Fall Session 2025 for USD 313 Students

Space in Session is limited and will be closed when full

*Student MUST have a valid Instructional Permit when this enrollment form is sent.

| Legal Last Name | First Name | M/I | Street Address or RFD # City | | | | | |
|--|------------------|---|------------------------------|----------------------|------------------------|---------------------------|----------|--|
| //// | MF Gender | ft. __ Heigh | in. t | lbs. Weight | Eye Color | Yes No Corrective Lens | Zip Code | |
| Current Grade: | Curre | nt Schoo | l Atten | ıding: | | | | |
| Do you have any physi that may require car n | | Yes | No | | | | | |
| Do you currently hav medical, vision, or m that could make it di | ental conditions | | No r vehi | | n Acuity: Rig | ht Eye 20/ Left | Eye 20/ | |
| If yes, name the condit and medication | tion | | | | Correction: | Yes NoDate | Tested | |
| Do you suffer from epilepsy or the habitual use of alcohol or drugs? If yes, which? | | Do you have a current Permit? YesNo Yes No If yes, License/Permit Number Expiration Date: | | | | | | |
| ii yes, wiitii: | | | | Has yo Ye | our license bo esNo | een revoked or susp | | |
| It took my student instructional perm | | pts to p | ass t | | | | | |
| Most communica | | ut the | <mark>cour</mark> : | se will be | through | <mark>email.</mark> | | |
| Student E-mail Address | | | | Parent Email Address | | | | |
| Parent/Guardian Na | me: | | | | | | | |
| Parent cell: | | | | | Student co | ell: | | |
| List any activities the | at may interfere | with dr | iving | before or a | after school | (i.e. sports, music | al | |

when enrollment form is sent and remain valid throughout the course.

This is a binding contract and non-refundable fee

Make checks payable to: **Buhler High School** <mark>611 N. Main</mark> **Buhler, KS 67522**

^{*}Include a copy of the permit with enrollment form and payment.