# FALL DRIVER EDUCATION REGISTRATION FORM

Please print clearly so we can read your form

**To fill out this form electronically, please make a copy to edit. Bring this form with you to the in-person registration on Wednesday, September 30. There is no pre-registration.**

FULL NAME_____

ADDRESS_____

DATE OF BIRTH_____ (N0T 2027)

PHONE(S) (CELL)_____

(HOME)_____

YOUR (SCHOOL) EMAIL_____

CAREGIVER EMAIL_____

DO YOU HAVE YOUR LEARNER'S PERMIT: YES / NO

(If you received it, please bring proof with you on 9/30/26)

YEAR OF GRADUATION_____

CLASSES MEET ON **MONDAYS AND WEDNESDAYS.** ARE YOU AVAILABLE BOTH DAYS? YES / NO (circle one)

**BRING THIS FORM TO THE AUTO GARAGE ON 9/30/2026 AT 3:05 P.M. FOR REGISTRATION WITH A $750 PERSONAL CHECK PAYABLE TO CRLS DRIVER EDUCATION. (Money Orders cannot be accepted)**