ON-LINE DRIVER EDUCATION

***PLEASE RETURN THIS FORM ALONG WITH A COPY OF THE STUDENT’S PERMIT*** TO THE HIAWATHA HIGH SCHOOL OFFICE by **April 15th.**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Current Grade \_\_\_\_\_\_\_\_ Date of Birth: Mo. \_\_\_\_\_/Date\_\_\_\_\_/Yr. \_\_\_\_\_\_\_­­­\_\_\_\_\_

Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please PRINT legibly.

Please fill out completely – Student information for DE99s for the State of Kansas.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Last Name First Name M/I Street Address City

\_\_\_M \_\_\_F \_\_\_ft. \_\_\_in. \_\_\_\_\_lbs. \_\_\_\_\_\_ \_\_\_\_Yes \_\_\_No \_\_\_\_\_\_\_\_\_\_\_\_

Gender Height Weight Eye Color Corrective Lens Zip Code

Do you have any physical limitations Yes NO Vision Acuity: Right Eye 20/\_\_\_\_Left Eye 20/\_\_\_\_\_

that may require car modifications? \_\_\_ \_\_\_ Vision Correction: \_\_\_Yes\_\_\_No Date Tested\_\_\_\_\_

Are you currently taking prescribed Yes NO Do you have a current License? \_\_\_Yes \_\_\_No

medication for any physical or mental \_\_\_ \_\_\_ If yes, License/Permit Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

condition? If yes, name the condition Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and medication.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has your license been revoked or suspended?

\_\_\_\_Yes \_\_\_\_No

Do you suffer from epilepsy or the Yes NO If yes, give date and reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

habitual use of alcohol or drugs? \_\_\_ \_\_\_

If yes, which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books will be available in the main office at the school where the student is enrolled the day class begins. **\*Student MUST have an Instructional Permit when this enrollment form is sent. Please submit a copy of your permit when you turn in this form.**