

ON-LINE DRIVER EDUCATION

PLEASE RETURN THIS FORM ALONG WITH A COPY OF THE STUDENT'S PERMIT TO THE HIAWATHA HIGH SCHOOL OFFICE by June 4th.

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 that may require car modifications? Yes ___ NO ___

Vision Acuity: Right Eye 20/___ Left Eye 20/___
Vision Correction: ___Yes___No Date Tested _____

Are you currently taking prescribed medication for any physical or mental condition? If yes, name the condition and medication. Yes ___ NO ___

Do you have a current License? ___Yes___No
If yes, License/Permit Number _____
Expiration Date: _____
Has your license been revoked or suspended?
___Yes___No

Do you suffer from epilepsy or the habitual use of alcohol or drugs? Yes ___ NO ___
If yes, which? _____

If yes, give date and reason _____