

THE DRIVING CENTER
1811 EAST UNIVERSITY BLVD., ANDERSON, IN 46012
(765) 640-0973

REGISTRATION FORM

DATE: _____ PERMIT # _____

STUDENT'S LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

STUDENT'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____
ADDRESS (IF DIFFERENT FROM STUDENT)

STUDENT'S DATE OF BIRTH _____ STUDENT'S HOME PHONE _____ HIGH SCHOOL _____
ATTENDED

BIRTH CERTIFICATE _____ YES _____ NO PROOF OF SOCIAL SECURITY NUMBER _____ YES _____ NO

EMERGENCY NUMBER _____ EMERGENCY CONTACT _____ RELATIONSHIP _____

FAMILY PHYSICIAN _____ PHYSICIAN'S PHONE NUMBER _____

CLASS BEGINS: _____ CLASS ENDS: _____ TIME: _____ SECTION: _____

Office Use Only:

Check # _____ Amount _____ Balance _____ Date Paid _____ Receipt # _____ Paid in Full Date _____

Credit Card Visa/MC Card # _____ Expiration Date _____

Name as it appears on card _____ 3 Digit Code _____

Student Information Provided by: _____

McCord Driver Education
THE DRIVING CENTER