



DRIVER EDUCATION STUDENT APPLICATION FORM
STUDENT MUST HAVE A CURRENT HAWAII INSTRUCTIONAL PERMIT

Print All Information Clearly

Student Name _____ *DMV Permit # _____
Last First Permit Expiration Date _____

School _____ Gender: M F Grade: 9 10 11 12 Age _____

Address _____ Birthdate _____

City _____ Zip Code _____ Home Phone Number _____

Student's Email address _____ Cell Phone _____

Name of Parent/Legal Guardian _____ Phone/Cell _____

Parent's/Legal Guardian's Email Address _____

Emergency Contact Person _____ Phone/Cell _____

Relationship to Student _____

Has student taken a driver education class before? _____ Yes _____ No

If yes, name of school and location: _____

Does the student have any physical/medical disabilities that the instructor should know about?
_____ Yes _____ No _____ Explain _____

Is the student on any medication that the instructor needs to be aware of? _____ Yes _____ No
Explain _____



PARENT'S/LLEGAL GUARDIAN'S APPROVAL

I hereby give consent for my son/daughter, _____, to be enrolled in
the Driver Education Program at _____ School. I understand that
this program consists of a 38-hour classroom course and six-hour behind-the-wheel course.

Parent's/Legal Guardian's Signature Date

PROGRAM FEE OF \$10 IS NON-REFUNDABLE ONCE COURSE BEGINS.
***ATTACH A COPY OF THE HAWAII INSTRUCTIONAL PERMIT TO THIS APPLICATION.**