



Please print the information:

This form is **required** before student may participate in any
Classroom / Behind the wheel portion of Drivers Education.

Date: ___/___/___

Applicants Name

I/We hereby agree to the terms of wearing **my own mask**
during all **Classroom and or all Behind the wheel training.**
Failure to do so **will** result in being removed from Classroom /
Behind the wheel and may result in an additional fee of **\$30.00**
cash which must be paid in full by the student's next scheduled
session.

Adult Student Signature _____ Date _____