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**Please print the information:**

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

Date: \_\_\_/\_\_\_/\_\_\_\_\_

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Applicants Name

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Parent/Guardian 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_