PRO DRIVING SCHOOL

Dba Pro Driving School-Lodi, LLC.

8525 Friendsville Rd. ♦ Lodi, Ohio 44254♦ 330-722-0425

Please print the information :

Applicants Name: _____ Date: ____/_____/_____

Address: _____ City: _____ State: _____

County: _____ Zip: _____ Gender: _____

Home Phone: (____)_____ Student Cell Phone: ( ) _____

High School: _____ Date of Birth: _____
(must be 15 years & 5 months of age to start)

Email Address: _____

Temp. License#: _____ Issue Date: _____ Exp Date: _____

Receipt #1_____ Amount_____ Receipt #2_____ Amount_____

Receipt #3_____ Amount_____ Receipt #4_____ Amount_____

Medical Release Form
This form is required before stu dents may participate in the car portion of Driver Education.

Student Name _____ _____ Age _____

Parent / Guardian Name _____ Home phone _____

Work Phone _____ Doctor.'s Name _____

Doctor's Phone _____ Hospital _____

My child has the following medical conditions that may affect him/her in the car: _____

_____

In the event neither parent nor the doctor listed above can be contacted, I hereby authorize Pro Driving School or his designee to obtain emergency medical care for my child when, in the opinion of a physician and surgeon license under the provisions of the Medical Practice Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parents or family doctor. I understand that Pro Driving School has insurance which pays for the medical or hospital costs that might be incurred on behalf of my child while in an accident in our car.

Parent / Guardian signature _____ Date _____