

STUDENT INFORMATION SHEET

Please Print All Information Clearly

NAME (As written on Learner's Permit) _____

ADDRESS _____ CITY _____ ZIP _____

AGE _____ BIRTH DATE _____ SCHOOL _____ GRADE _____

PARENT(S) NAME _____ WORK/CELL# _____

HOME PHONE# _____ EMAIL ADDRESS _____

DRIVER INFORMATION:

Learners Permit#: (needed by class start date) _____

Do you wear glasses/contacts? (Specify if yes) _____

Do you have handicaps that will effect your driving? _____

How much driving experience? (Hours estimated) _____

CLASS SESSION DATES/TIMES :(Be sure to complete this section.)

*****FOR OFFICE USE ONLY-- DO NOT FILL OUT BELOW THIS LINE*****

BEHIND THE WHEEL DRIVING DATES:

LESSON#: _____ LESSON DATE: _____ TIME: _____

LESSON#: _____ LESSON DATE: _____ TIME: _____

LESSON#: _____ LESSON DATE: _____ TIME: _____

LESSON#: _____ LESSON DATE: _____ TIME: _____

LESSON#: _____ LESSON DATE: _____ TIME: _____

LESSON#: _____ LESSON DATE: _____ TIME: _____

SPECIAL INSTRUCTIONS: _____

DRIVE TEST DATE _____ ROUTE/LOCATION _____

DATE CERTIFICATES ISSUED: _____ DMV WAIVER (Y/N) _____

COST: _____ PAID BY: CHECK# _____ CASH/MONEYORDER _____

Mail To: Cornhusker Driving School • P.O. Box 8484 • Omaha, NE 68108

Phone: 402.341.4555

Fax: 402.571-2520