

DRIVERS EDUCATION QUESTIONNAIRE**DUE BACK TO MRS. PITKO BY MONDAY, FEBRUARY 7TH** (I will go over this form with you when you hand it in to make sure it's accurate)

FILL OUT IN YOUR OWN HAND WRITING IN PENCIL

1. Full Name: _____
(Name as is on birth certificate: first, middle, and last)

2. Age (as of May 27th) & Date of Birth: _____

3. Parents/Guardian Name: _____

4. Do you have a permit or license? _____

If yes: give me the # and expiration date _____

5. How long have you been driving? _____

Please list any and all driving experience you have. Please include but not limited to; driving in the city (what cities and how many times), driving on gravel roads, driving on the highway (where & how many times), driving in a business district.

6. Grade (next fall): _____

7. Student cell phone # _____ & email address: _____

8. Mom's work Phone # _____ and name: _____

Dad's work Phone # _____ and name: _____

9. Cell phone # - mom _____

Cell phone # - dad _____

10. email address - mom _____

email address - dad _____

11. Circle the classroom time you prefer (no guarantees). **If enrollment is low there will only one class.**

7:30-9:30am

12:30-2:30pm

12. Do you live out of Eureka city limits? Yes or No If yes how many miles?
