

****DUE BACK TO MRS. PITKO BY TUESDAY, MARCH 6TH
Drivers Education Questionnaire

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

2. Age (as of May 21st): _____

3. Address (street, city, zip) : _____

4. Parents/Guardian Name: _____

5. Do you have a permit or license? _____

If yes: give me the # and expiration date _____

6. How much driving experience do you have? _____

any city driving? if so where & how
much? _____

7. Date of birth: _____ (use two digit numbers ex. 04-11-90)

8. Eye Color: _____

9. Height: _____

10. Weight: _____

11. Grade (next fall): _____

12. Student cell phone #: _____

13. Work Phone # and first name - mom: _____

Work Phone # and first name - dad: _____

14. Cell phone # - mom _____

Cell phone # - dad _____

15. email address - mom _____

email address - dad _____