

LIBERTY DRIVER'S EDUCATION CENTER

L.L.C.

P.O. Box 2554

Meriden, CT 06450

(203) 630-1040

www.libertysafedriving.com

Driver Education

Adult Record

The student is required to be 18 years of age.

Please fill out exactly how you want certificate completed (**no nick names**).

Name: _____
Last First Middle

Address: _____

Town/ Zip Code: _____

Phone: () _____ Cell () _____

Date of Birth: _____/_____/_____
(month/ day/ year)

E-Mail Address: _____

Name & Address of Employer: (if being picked up at place of employment)

Name: _____

Address: _____

Town/Zip Code _____

Work # : _____

<u>Fees:</u>	8 Hour Safe Driving Course	\$125.00
	On The Road lesson (per hr.)	\$ 55.00
	Failure to cx on the road with in 24 hrs.	\$ 50.00
	Use of Driver's Ed Car @ DMV	\$ 60.00

Signature of Student

Eye Exam Screening

Eye Glasses: yes no

Date of Screening: _____

Result of screening: Pass Fail

Examiner: Dane Goodson Michele Goodson