LIBERTY DRIVER'S EDUCATION CENTER L.L.C.

329 Main Street, Suite 103
Wallingford, CT 06492
(203) 630-1040

Driver Education
Student Record

The student is required to be 16 years of age in order to enroll in the Driver's Education program. Each student needs to have a learner's permit to drive (not to start course classes).

Name:_____
Last First Middle
Address:_____
Town & Zipcode:_____

Phone: ( ) _____Student Cell ( ) _____
Date of Birth:_____/_____/_____ Age (current): _____
Permit # : _____ Date Issued:_____

Name of Parent or Guardian: _____
Address: _____

Phone: ( ) _____ Work or Cell ( ) _____

Parent or Guardian's Certificate

I hereby certify that I am one of the parents/legal guardian of:

_____
Name of Applicant/Student Driver

I give permission for my son/daughter to take the Driver's Education course, which includes 30 hours of classroom and 8 hours of behind the wheel instruction. The total fee is $ 500.00. By signing below you are also agreeing to all fees and services set out in this package.

_____
Signature of Parent or Guardian

_____
Signature of Student