

**BUCKLE – UP DRIVING SCHOOL, LLC
DRIVER EDUCATION ENROLLMENT FORM**

Please Print

NAME OF STUDENT: _____
 (First) (Middle) (Last)

DATE OF BIRTH: _____ AGE: _____ SEX: _____

SCHOOL: _____

ADDRESS: _____
 (P. O. Box or Street Address)

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ ALTERNATE NUMBER: _____

HEALTH PROBLEMS OR ALLERGIES: _____

PARENT/GUARDIAN AUTHORIZATION:

I understand the traffic safety education course consists of 30 clock-hours of classroom instruction, 6 hours of behind-the-wheel instruction and 6 hours of in-car observation. I also understand that instruction is provided by a properly certified instructor licensed by the Idaho Department of Education and the Idaho Bureau of Occupational Licenses, and the behind-the-wheel training takes place in a dual-control vehicle that is adequately insured. I accept the fact that the Buckle-UP Driving School, LLC will not be responsible for any driving the student may do outside the Driver Education program. In addition I acknowledge that portions of the student participation in this traffic safety education course may be videotaped for feedback and grading as well as for use in future training courses.

I have read the student/parent or guardian information packet for Driver Education and hereby give approval for the above student to participate in the course.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE PRINT NAME: _____