

*Ward's Driving School, LLC*

610 Waters Road, Cowpens, SC 29330

864-256-7179 Office 864wardsdrivingschool@yahoo.com

Today's Date: \_\_\_\_\_

Students Name: \_\_\_\_\_ Students Phone #: \_\_\_\_\_

Students Address: \_\_\_\_\_

Students Permit #: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Students DOB: \_\_\_\_\_ Students Current Age: \_\_\_\_\_

School and/or Employer: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Phone #: \_\_\_\_\_

You are registering for: (Circle one please)

Student Training                      3<sup>rd</sup> Party Test

Maturity Course                      Private Lesson

Rate your current driving skill on a scale of 1-10 (10 being Excellent): \_\_\_\_\_

Dates/time you are NOT AVAILABLE to drive: \_\_\_\_\_

\_\_\_\_\_

What do you like on your pizza & how many slices: \_\_\_\_\_

In Case of Emergency

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

\*The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to medical provider. I understand that I am financially responsible for any balance. I also authorize Ward's Driving School, LLC or insurance company to release any information required to process my claims.

Parents or student (if over 18) Signature: \_\_\_\_\_