

St. Johns County Teenage Defensive Driving School
Registration Form

* Parents/Students - Prior to completing this form, please thoroughly review the course curriculum *

Name _____

Address _____

City _____ Zip Code _____

Home Phone Number _____ Date of Birth _____ Age _____

School Attending _____

Parents Name _____

Email Address _____

Parent's Cell Number _____ Work Number _____

Emergency Contacts:

Name _____ Phone Number _____

Health Concerns or Medical Conditions relevant to safe vehicle operations:

Learners Permit/Drivers License Issue Date _____

Permit/License Number _____ Total Driving Hours _____

Proof of Car Insurance: Company Name _____

Policy Number _____

Course Fee - \$249	Date - 1st Choice _____
Scholarships available for students	Date - 2 nd Choice _____
who qualify for free or reduce lunch	Location _____

I have thoroughly read and understand all course curriculum requirements,
health notifications, and fee structures.

Parent Signature: _____

Student Signature: _____