

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 _____
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Scholarships available for students	Date - 2 <sup>nd</sup> Choice _____
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who qualify for free or reduce lunch	Location _____
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I have thoroughly read and understand all course curriculum requirements,  
health notifications, and fee structures.

Parent Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_