



*Driver's Education Enrollment Form*

Student's Full Legal Name: \_\_\_\_\_

DMV Permit #: \_\_\_\_\_ Permit Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Cell) \_\_\_\_\_

***\*\*\*Student can register and start class without permit as long as they are 16 years old, they can't drive until learners permit issued\*\*\****

***For Office Use Only***

Student #: \_\_\_\_\_ Classroom Type: 30hr 8hr

Class Begin Date: \_\_\_\_\_ Class End Date: \_\_\_\_\_

Certificate #: \_\_\_\_\_ Date Cert Issued: \_\_\_\_\_

Tested with School: Y or N If Yes, location \_\_\_\_\_

Fees Paid: \_\_\_\_\_

BTW Dates, Times, Instructor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*Parent / Guardian Authorization*

I hereby authorize A & E Driving School of Plainville Connecticut to provide the student named above with classroom and / or behind the wheel training, including services related to the Connecticut DMV License Test.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby authorize A&E Driving School of Plainville Connecticut to have my child in the vehicle for behind the wheel lessons along with another student from A&E Driving School.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_