

Confirm:
Reminder:

StreetSmarts Driver Registration Form
www.streetsmartsdriversed.com

**** Office Use Only ****
Date: _____
Check #: _____
Amount: _____

Students will be required to show a valid Iowa instruction permit. Friend Coupon

Earlham High School Students: Cost Only \$335

Session	Dates/Days	Class Times
<input type="checkbox"/> EARL-24	6/10 – 6/21 Monday - Friday	7:00 – 10:00 AM

»Please enter information carefully. This form is used to type your certificates.

Student Information

Name (Full)	<input type="text"/>	Zip	<input type="text"/>
Address	<input type="text"/>	Date of Birth	<input type="text"/>
City	<input type="text"/>	What Grade Are You In?	<input type="text"/>
Phone	<input type="text"/>	Age on last Birthday?	<input type="text"/>
Permit #	<input type="text"/>	Permit Expiration Date	<input type="text"/>
School attended this year?	<input type="text"/>		

Parent/Guardian Information

Name	<input type="text"/>	Primary Phone	<input type="text"/>
Address	<input type="text"/>	Work Phone	<input type="text"/>
City	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>		

In Case of Emergency Contact

Name	<input type="text"/>	Phone	<input type="text"/>
Preferred Hospital	<input type="text"/>		
Doctor	<input type="text"/>	Phone	<input type="text"/>

Does the student have any physical or learning disabilities? Yes No If yes, please explain on back of page.

How did you hear about us?

Return this form to: Earlham High School Main Office

Please call us at (515) 279-1112 for more information, questions or concerns. Please note your session dates and times on your calendar. No refunds after the first class. **RETURN THIS FORM TO THE ABOVE ADDRESS WITH THE \$335 FEE.**