# REQUEST TO PARTICIPATE IN

# DRIVER EDUCATION

***This form must be completed and signed by the parent/guardian AND student.*** *Once completed and signed, it may be submitted to Ms. Shakia Thompson (Driver Education Coordinator) in person or by scan/email to shakia.thompson@dodea.edu.*

Legal Given Name ***EXACTLY AS IT APPEARS*** on the Birth Certificate:

_____, _____ _____

**Last** **First** **Middle**

Home Address (Street address, not P.O. Box):

_____

**Street Address** **(Apt#)** **City**

Phone Numbers (Including cell or alternate phone):

(_____) _____ - _____ (_____) _____ - _____ _____

**Home Phone** **Cell/Alternate Phone** **Parent's Email Address**

Date of Birth _____/_____/_____

**Due to scheduling conflicts, students involved in Athletics, Band, JROTC, Cheerleading or other after school activities which interfere with the Driver Ed class will **NOT** be eligible for that session of Driver Education.*

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Signatures:

_____ _____/_____/_____

**Parent/Guardian Signature** **Date**

_____ _____/_____/_____

**Student Signature** **Date**

Clear Form Print Form