



DRIVER EDUCATION STUDENT APPLICATION FORM

PLEASE ATTACH A COPY OF YOUR CURRENT HAWAII INSTRUCTIONAL PERMIT
Program Fee of \$10 – Instructor will inform when payment is due

Student Name _____

Last

First

Middle Initial

DMV Permit # _____ (Attach a copy of your instructional permit) Permit Exp. Date _____

School _____ Grade _____ Sex _____ Age _____ Birthdate _____

Address _____ City _____ Zip code _____

Home Phone Number _____ Cell Phone Number _____

Student School Email address _____

Name of Parent/Guardian _____ Phone/Cell number _____

Parent Email address _____

Emergency Contact Person _____ Phone/Cell number _____

Relationship to Student _____

Has student taken a driver education class before? _____ Yes _____ No

If yes, name of school and location _____

Does student have any physical/medical disabilities that instructor should know? _____ Yes _____ No

Explain _____

Is student on any medication that the instructor needs to be aware of? _____ Yes _____ No

Explain _____

PARENT/GUARDIAN'S APPROVAL

I hereby give consent for my son/daughter, _____, to be enrolled in
the Driver Education Program at Kalani High School. I understand that this program consists of 40-hour classroom
instruction and 7-hour behind the wheel course.

Parent / Guardian Signature

Date _____