

Student Application

Date:	Class Date:	
Student Information		
Name:		
City, State, Zip Code:		
Date of Birth:		
Home Phone:	Cell Phone:	
Email Address:		
	es If yes, please provide ID number	
Parent Information		
Name:		
Home Phone:	Cell Phone:	
Email Address:		
Emergency Contact (in the	e event that parent/guardian cannot be reached)	
Name:		
	edicines/medical conditions that the school needs to be aware of:	
I understand the Driver's Ed the-wheel study.	class I am enrolling in consists of 30 hours classroom study and 7 hours fieldway	ork/behind-
Student Signature:		
Parent, by signing below, you the state of New Mexico.	u authorize Rocky Mountain Driver's Ed to provide the Driver's Ed training as n	nandated by
Parent/Guardian Signatui	re:	

A copy of the student's birth certificate and social security are also required. Documents must be submitted before student can obtain referral card for the Learner's Permit.