



Student Application

Date: _____

Class Date: _____

Student Information

Name: _____

Physical Address: _____

City, State, Zip Code: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

State ID? No Yes If yes, please provide ID number _____

Parent Information

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact (in the event that parent/guardian cannot be reached)

Name: _____

Phone: _____

List any student allergies/medicines/medical conditions that the school needs to be aware of:

I understand the Driver's Ed class I am enrolling in consists of 30 hours classroom study and 7 hours fieldwork/behind-the-wheel study.

Student Signature: _____

Parent, by signing below, you authorize Rocky Mountain Driver's Ed to provide the Driver's Ed training as mandated by the state of New Mexico.

Parent/Guardian Signature: _____