Burnt Hills-Ballston Lake
Driver Education 2018

Registration Information
(Please print student Information)

Name _____ Date: _____
Last First MI

Address _____ Phone: _____
Home

_____ Phone: _____
Emergency

Date of Birth _____ Grade: _____
Month Day Year

I have read the attached letter and agree to provide supervised driving time for my son/daughter.

_____
Parent Signature

Comments:

(Please do not write below this line.)

Amount paid:_____ Date received in Main Office:_____ Initials_____

Copy of Permit/License_____