**Burnt Hills-Ballston Lake**
**Driver Education**

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:

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(Please do not write below this line.)

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

Copy of Permit/License: _____