

**Student must be 14 ½ on the 1st day of class to sign up for driver education –
Please make sure your student is in compliance with this**

PLEASE PRINT CLEARLY THIS FORM

Marvin Smith Driving School

130 East North Street, P O Box 853, Albemarle, NC 28002-0853 (704)-982-6143,

Email Address: marvin6350@gmail.com

Web Site: marvin-smith-driving-school.com

ALL BLANKS MUST BE FILLED IN

PLEASE PRINT THE INFORMATION REQUESTED ON THIS FORM

This forms holds a seat in the class – closer to the class date your will receive an email with additional forms and payment information

Student Registration Form

Today's Date _____

Full Name _____
(Names as it appears on your birth certificate – this is required by the State of North Carolina)

Mailing Address _____
(PHYSICAL ADDRESS – complete address, city, state and zip code)

Your address must be the same address that is on file with the school system.

Date of Birth: Month _____ Day _____ Year _____ Age: _____

Sex: M__ F__

Height _____ Weight _____ Eye Color _____ Hair Color _____

Parent's Names _____

Class dates requested. _____ School attended _____

Student Grade Level: _____

Phone Numbers Home _____

Parents Work _____

Cell #'s (Mom) _____

(Dad) _____

(Student) _____

Parents Email Only: _____

Must have an email address (no school email addresses) - Please print legibly

If you have a "Hotmail" email – normally the registration packet when I sent it out will go to your "junk file" – please check your "junk file in Hotmail"

Activities by day of the week and times that may conflict with Driving

Conflicts- Dates and Times: Vacation, sports, other activities: