



HICKORY DRIVING SCHOOL

Student's Name			
Date of Birth			
Attending High School			
Parent's Name			
Parent's Phone (Cell Preferred)			
Parent's Email			
Address			
City, State, Zip			
Easton Classroom (Circle One)	Summer	Fall	Winter
Nazareth Classroom (Circle One)	Summer	Fall	Winter
Obtained Permit (Circle One)	Yes	or	No
*** Answer Questions Below if Permit is Obtained***			
Permit Number			
Permit Expiration Date			
Driver Test Eligibility			
Parent Signature			
Student Signature			