

The Driving School of Fairfield, Inc.

1735 Post Road
Fairfield, Connecticut 06430
(203) 255-7676 Fax (203) 255-2623

DRIVER EDUCATION APPLICATION

Click in a field to electronically fill out, print, and mail with payment to address at top. Or you may bring the completed form with you along with payment on your first class.

Last Name, First Name, Middle

Street Address

Special Instructions (if necessary) to help us find your house/street when we pick you up for road hours

Town, Zip Code

Date of Birth (mm/dd/yy)

Parent's Home Phone Number

Your Home Phone Number if different

Additional Phone Number 1

Your Cell Phone Number

School (& House if Fairfield High)

Grade (Fr, So, Jr, Sr)

If You work, where...

Work Phone Number

Your Email Address (Your address will NOT be given out; this is simply so that we may place you on our mailing list, that way you can be notified in the event of a class cancellation or if any changes in the class schedule should occur.)

EMERGENCY CONTACT INFORMATION

MOTHER'S Last Name, First Name

FATHER'S Last Name, First Name

Occupation/Place of Employment

Occupation/Place of Employment

Work Address

Work Address

Work Phone Number

Work Phone Number

Where did you hear about the Driving School of Fairfield?

If you heard from a friend(s), who?

What made you choose the Driving School of Fairfield?

If you have a permit, where did you attain it? If at the DMV, which branch?

9-Digit Permit Number

Original Issue Date on Permit

Student's Social Security Number

Do you wear glasses or contacts?

YES NO

No Refunds. Returned check fee \$55.

I give my son/daughter permission to receive driver instruction and training.

Signature of Parent/Guardian

Date Signed

OFFICE USE ONLY	
Date Paid	Amount Paid
Check Number or Cash	School Official