**CLARKSON-LEIGH**

**DRIVER’S EDUCATION PERMISSION SLIP**

**\*\*PLEASE BRING THIS FORM TO THE FIRST DAY OF CLASS AND GIVE TO MR. MCDUFFEE.**

**Student’s Name Birthdate**

**Home Address**

**City Zip Student’s School**

**Student’s Phone number Parent’s Phone number**

**Email Address**

**Male or Female**

**Yess No**

 **Any special conditions or adaptations needed? If yes, briefly summarize.**

**(Information is confidential on a “need to know” basis**

**Student Agreement: I will agree to comply with the class rules, course requirements and other reasonable expectations of the instructor.**

**Student’s Signature Date**

**Parent/Guardian Agreement: My son/daughter will be 14 years old by**

**October 15, 2017, and I wish to enroll him/her in the driver education program. I am aware of the $265.00 fee, payable to McDuffee’s Driving School, LLC. at the beginning of the first class.**

**Parent/Guardian Signature Date**