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| **dea_driver_training.jpg****Driver Education Achieved LLC****Personal Information - Student** |
| **Full Name on License or Permit** |  |
| **Nickname (Name you prefer)** |  |
| **Home address (Street)** |  |
| **Student e-mail address** |  |
| **Cell phone number (Best Contact)** |  |
| **2nd Contact Number** |  |
| **Birthday (MM/DD/YYYY)** |  |
| **Driver’s License or Permit Number** |  |
| **Date License or Permit was issued** |  |
| **Name of High School Attending** **& Grade** |  |
| **School dismissal time (pick up time)** |  |
|  |
| **Emergency Contact Information** |
| **In case of emergency, contact** **(Full Name & Relationship)** |  |
| **Emergency contact #** |  |
| **e-mail address for Payment Receipt****(sent when full payment is received)** |  |